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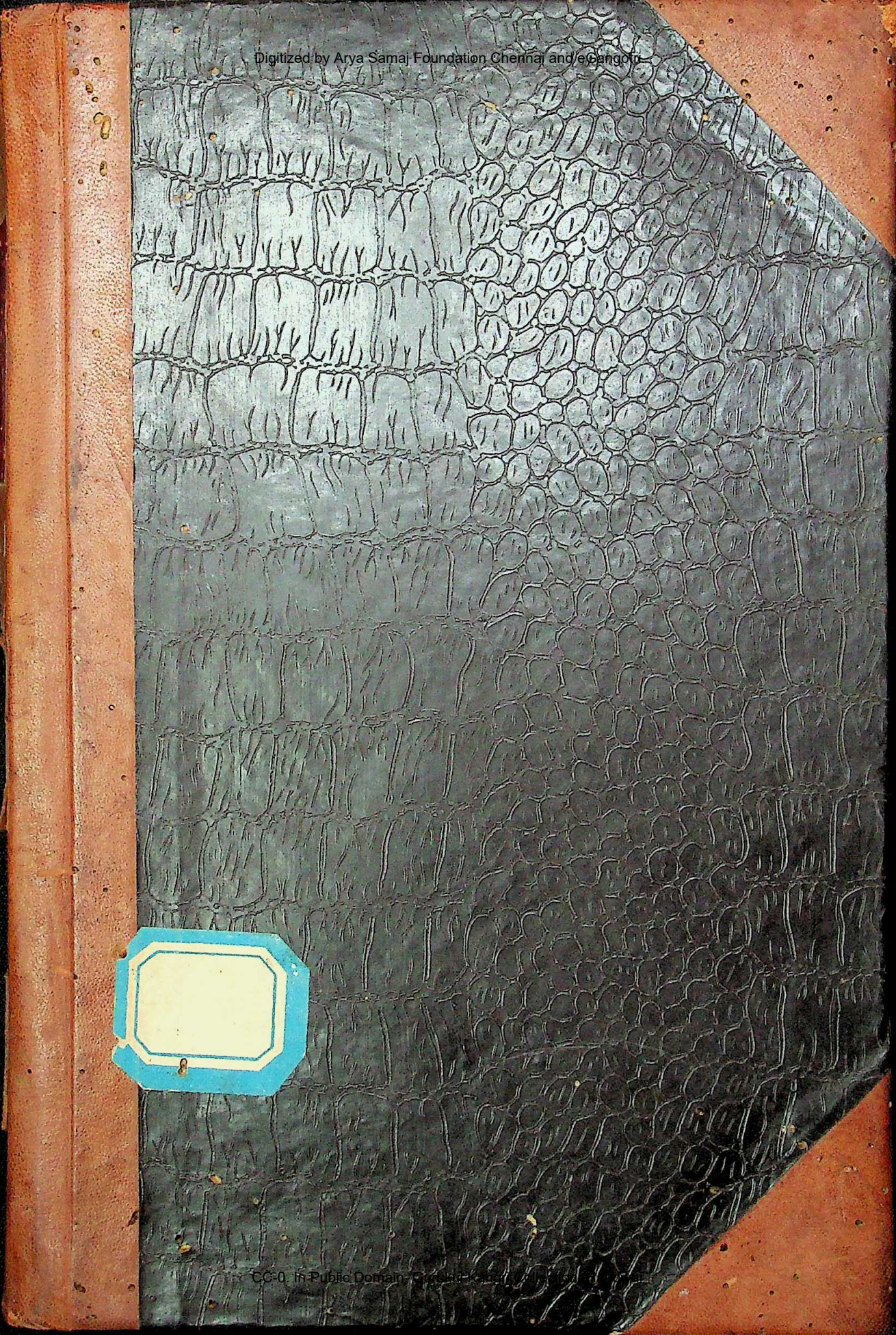

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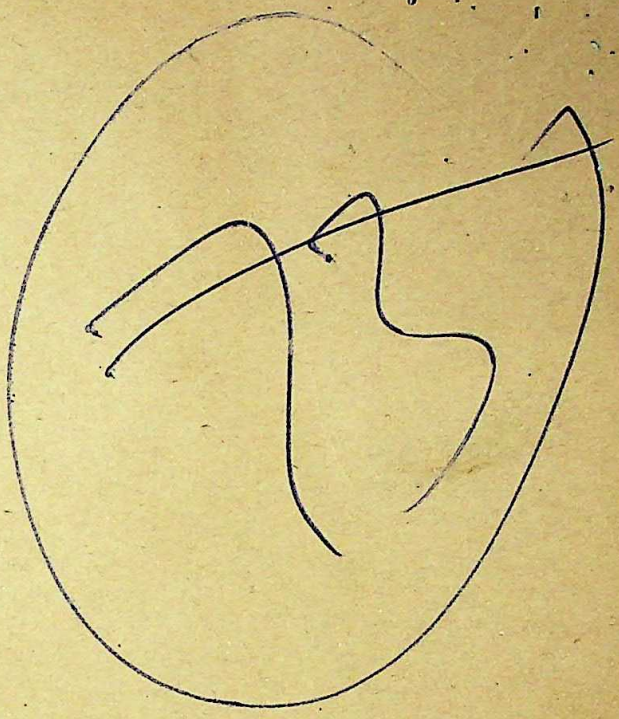

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THE JOURNAL OF AYURVEDA

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Success of Ayurveda.

BY

MAHAMAHOPADHYAYA KAVIRAJ GANANATH SEN,

VIDYASAGAR, SARASWATI, M.A., L.M.S.

CALCUTTA.

The fiat has gone forth. Messrs. Dunne, Broome and Baird, gallant colonels of the Indian Medical Service that ate the salt of India, have shouted "Halt" against the progress of Indian Medicine (Ayurveda) in their evidence before the joint Parliamentary Committee. When told that only one-tenth of the total expenditure ear-marked as "Medical" was for Ayurveda they lost their balance and said in faltering words that they would not even spend one-hundredth part of the expenditure for Ayurdeda. We doubt if the estimated one-tenth of the total medical expenditure is correct. Perhaps much less is spent for the advancement of Ayurveda. Yet the antics of the gallant colonels show what heart-burning has been already generated amongst the great guns of the heaven-born medical service of the white order.

Nobody would doubt that this is an achievement for Ayurveda. We need not take the dungs and brooms seriously, but we should take serious note of danger ahead. Perhaps a systematic endeavour to crush Ayurveda would be now made much in the same spiprit as actuated Manchester to mow down the Indian textile industry.

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But these are only our external enemies. Our inte enemies and our half-hearted indifferent friends are to reckoned with more seriously. Ayurveda with all scientific basis, sound principles and unquestionable suc in giving relief to Humanity is yet in the shade of neg to a considerable extent, Many of our Indian patriots sh a certain degree of sympathy for Ayurveda which seld takes a practical shape. Our "Medical" fraternity o damn us by faint praise—they would have the indigen drugs—not Indian Medicine. Ayurveda is living slowly flourishing like a dwarf plant in a rockery o green house. Such a state of affairs does no credit to political leaders and munificent donors. It shows cultural conquest of the Indian mind achieved by rulers.

To speak the truth, the mentality which forbids acti sympathy originates from prejudice—a deep-root prejudice against Ayurveda, born of general ignorance facts and the blind orthodoxy of a number of Ayurved physicians who seem to be impermeable to fre knowledge.

To those who have an insight into the present state Ayurveda and its votaries, many indeed are the perple ing problems which require serious consideration. A the apparent progress of Ayurveda in the differe provinces of India at present notwithstanding, t prospect of the future advancement of this great scien and art of healing which is based on the intuiti knowledge and the patient researches of the ancient sag is by no means bright at the present day even thou state aid is being received in some provinces of India.

Of the enemies of Ayurveda, its votaries train under the orthodox system of the last decadant peri are perhaps the most formidable. Many of them pose authorities on Ayurveda though they are content w only a fragment of it, the section of medicine as embodi

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in the receipes left by the sages. Themselves ignorant of such basic subjects as Anatomy, Physiology, Pathology, etc., they would have none of the teaching of these subjects imparted to their students. They opine that such teaching is superfluous and burdensome and may be safely omitted. And wonder of wanders, there are yet many amongst the learned laity who would have such so-called "pure" Ayurveda in preference to advanced or true Ayurveda !

The real fact is that these people are ignorant of the meaning and scope of Ayurveda. They may be learned in the history of Greece and Rome but they know very little of the history of Indian culture. How Ayurveda flourished even a thousand years ago and supplied the light of knowledge to Egypt, Greece and Rome, and through them to the whole of Europe is only faintly realised by them. They consider Ayurveda as an empirical system of medicine, a form of herbal treatment, which has no foundation in Anatomy, Physiology and Pathology and is innocent of Surgery, Midwifery, etc. Just for this reason they resent any attempt to restore or develop Ayurveda after the real evolutions in the past which resemble the modern. Once for all, it is our duty to make them understand that Ayurveda was never confined within the ring-fence of its present shrunken scope.

We may have lost some text books but the need for wide knowledge of the basic sciences of Anatomy with dissection, Physiology, Pathology etc., the books that exist and the eight sections of Ayurveda comprising Surgery, Midwifery, etc., are, clearly though briefly, described in the extant literature. The vicissitudes of fortune, which swept away the civilization of Rome and Greece, had come upon India in no light measure and the wonder is how so much of the ancient glory has yet been preserved in Sanskrit literature. Ayurveda also lost some of its limbs

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in the past but even in the Mahomedan period, it went on replenishing its store of knowledge.

Given full and fair play, Ayurveda is still capable of reconquering her lost ground and renovating her old structure and of becoming far more efficient as a healing art than it is now found to be. For Ayurveda, even partly replenished and developed now in the modern school, is steadily gaining ground and making its influence felt over all sections of the community.

The teaching of Ayurveda, however, presents many difficult problems. The old apprentice system under which the student lived under the same roof with his Guru is fast dying out both for economic reasons and for the present-day necessity of giving a greater volume of knowledge to the students within a short space of time. But it is a pity that schools and Colleges of Ayurveda that have come into being all over India are not thriving as they should, partly for want of efficient teachers and partly for want of proper text-books to suit the present system of compartmental teaching. The well-to-do and learned people generally are not yet sending their best scions to learn Ayurveda. Whilst they would send their wards readily to the affiliated medical schools and pay decent fees and other expenses for them liberally, their confidency in and sympathy for Ayurveda are not yet fully evinced as they would send their sons to the Ayurvedic Institutions at half the cost. Yet it is a fact that the alumnii of Ayurvedic institutions are capable of earning a decent living for themselves whilst their colleagues coming out of the medical schools do not fare better for their supposed superior training. When would the Ayurvedic physicians and the larger and smaller fry of our patriots understand their responsibility in this connection ?

It would not be out of place here to mention in a general way about the truths and achievements of Ayurveda

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are more convincing than the truths of western medicine, which change colour chamelion-like from hour to hour. Take for instance the truths established by experiments made in the modern Pharmacological laboratory. Lower animals like dogs, cats and rabbits are the subjects of such experiments. They are anaesthetised by chloroform, urethane or destruction of the spinal chord and the effect of drugs is watched on them. Whole drugs are seldom used for such purposes and separated single alkaloids or glucosides of the drugs, supposed to be the active principles, are experimented with. The great dissimilarity between cats and dogs and rabbits on one side and the human system on the other is conveniently forgotten. That the same drug may have several alkaloids and the resultant effect of the whole drug so employed in medicine is usually very different from the effect of one of its alkaloids taken separately is being realised faintly. The task of meditation on the effect of such drugs on the human body is left by the practitioners of western medicine to their Gurus overseas. These Gurus too are not really those, who deserve to be such by dint of their merit and devotion to truth. They are very often the patent-mongers, who regularly send their so-called scientific literature for the enlightenment of Indian medical men. More often than not such literature abounds in truths, half-truths and lies sugarcoated. But the learned up-to-date doctor swallows them all without demur. Such is the "Scientific medicine" of the West at the present day.

Compare to this the legacy of Ayurveda left to us by selfless devotees to the cause of relieving Humanity, the sages and seers of old who had no axes to grind for themselves. They discovered the effects of drugs by actual experiments on themselves and on human beings in health and disease. The discoveries of the pharmacological effects of drugs made by them were according to Rasa (taste), *Veeryya* (general effect on the system), *Guna* (specific properties as stimulants, depressants etc.) and

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Prabhava (specific action on diseased conditions). These are found described and discussed critically in great detail in the extant works of Ayurveda. The truths of these generalisations are so well-established that one often wonders if they were found by actual experiments or by superhuman intuition. The power of keen perception by the special senses developed by the ancients is getting lost to us as we are adding to our armamentarium complex and more complex instruments which often help but more often beguile our senses. The present age is one of so-called science, gradually undermining the power of our senses and even the keen power of reasoning and intuition. Should not the scientist halt and make a comparative study and see what truths have been left to us by the Ayurvedic sages ? Such truths can be attained through a much easier and cheaper way than through the modern costly and difficult way of fumbling at truths on wrong data.

Once we realise or attempt to realise such truths in proper manner and spirit, the success of Ayurveda will be assured even in the present day of mad rushes and hasty retreats.

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Original Articles

VEGAS AND THEIR IMPORTANCE IN AYURVEDA

BY

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Ayurveda treats about this subject Vegas. It appears to be peculiar to Ayurveda for Allopathic system does not seem to lay any stress on this subject; perhaps they do not seem to have recognised the part they play in Physiology of man. Vegas are :—

वेगान्नचारयेद्वात विण्मूत्र क्षवत्रु दमुचां निद्रा कास आम श्वास जृम्यासु च्छर्दि रेतसां।

In dealing about this subject, let us understand their physiology first. I understand their aciton as follows. These Vegas are certain actions that take place in our body and over which we have no complete control under ordinary circumstances. In other words, these actions are controlled by the involuntary muscular fibres. What is meant by involuntary and voluntary muscular fibres ? By voluntary muscular fibres, we understand that the nerves that control the muscular action of those muscles are subject to the control of the individual and whenever the individual wills the muscles act or stop at the will of the individual. Not so with the involuntary muscular fibres. The action of those muscles are beyond the jurisdiction of the individual will under the ordinary circumstances. Nevertheless they are not inactive, they are acting and their actions are perceived by us by the results that are produced out of their actions, hunger, thirst, urination, yawning etc. These are muscular actions which are partly voluntary and partly involuntary. These are certain other actions which are completely involuntary, whose existence, even we, cannot know unless by dissection of the human body. So much about the classification of the muscles. But what is the nature of the power that controls the action of these muscles ? Why should it be that some should be under the control of the individual will while others are not ? What is the nature of the individual will ? Is there any likelihood

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of this individual assuming authority over those muscular actions which are at present beyond its jurisdiction. These are some of the questions which I attempt to answer in the following pages.

First we have to understand what is meant by individual will. To answer this question we have to go to the basis of Hindu Philosophy. According to the Hindu Shastars, the evolution is as follows. First there is pure consciousness or Prajna. It is absolute. Out of it, a wave arose. Before that consciousness was still in nirvikalpa state. Sakti which is inherent and inseparable from it becomes manifested. This wave of Sakti is called Avyaktam. (अव्यक्त). It is this Avyaktam which is the seed of the whole universe and which supports the whole creation. It is the root form of energy which combines in itself Satva, Rajas, and Tamas. These, owing to permutations and combinations in different degrees and proportions, result in different species of creation which are quite distinct from each other. This manifestation of the three gunas in different grades and proportions has been classified by the ancients into five planes or sheaths, namely Annamaya, Pranamaya, Manomaya, Vignanamaya, and Anandamaya. And these are grosser in the ascending order and subtler in the descending order i. e. Annamaya kosa is the grossest. Anandamaya kosa is the subtlest. So that we have now in brief the absoute consciousness or Prajna subject to the play of gunas Sathva, Rajas and Tamas to have evolved into five sheaths or planes of existence. Again, the manifestation of consciousness is in the form of waves and the wave length determines whether it is Sattic, Rajasic, or Tamasic. These waves are caused by the vibrations in the first substance namely Avyaktam and the intensity of vibration determines the nature of the wave. Though these are given different names, these are manifestations of one Shakti, the will of the Lord of the Universe. So then what we differntiate as matter and energy are not two different things but are only different states of existence of one Shakti. When there is predominance of Tamas it is matter and the more Tamas is lessened and Rajas and Sathva predominate the more, it becomes more of energy and less of matter. And ultimately you have the purest form of Shakti in absolute consciousness. At present the forms of Shakti, we know of, are heat, electricity, light etc. But it must be admitted that these are only grosser forms of Shakti; consciousness absolute is the most powerful of all forms of Sakti. This

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consciousness which is the root of this manifest of Universe is in the form of individual will in man. It is otherwise called Ahamkara and it plays a great part in the physiology of the human being, for in the subsequent pages I. shall endeavour to show how the physiological actions are all subject to the individual will, i. e. Ahamkara.

Let us begin with man. Roughly, what we call man can be divided into two parts, Chaitanyam and Body. We recognise Chaitanyam as that Sakti which exists in a living man as different from the dead body which we dissect in the dissection hall. So long as man lives, there is chaitanyam in him and the body grows, moves and does all those acts that are characteristic of a living man. But the moment that chaitanyam leaves this body, the above actions cease and the body is dead. Now what is the characteristic of this chaitanyam which makes the body live and whose absence results in the death of the body. Ordinarily we say that there is life or Prana in the living body and that it is absent in the dead body. So the question comes what is Prana? It means that which controls the actions of all the muscles, voluntary and involuntary, of the body. Muscular action means work done. To do work, energy is required. So Prana is energy. As we have seen above, Prana is a wave-like motion in consciousness. It is this Prana that waves constantly, being transmitted from consiousness, that is doing all the physiological actions in the human body. It therefore follows that all the involuntary muscular actions that are taking place in the body—actions of the heart, ductless glands and similar actions which are beyond the control of the individual will, are all due to Prana.

What is the nature of the individual will? Individual will in scientific terms is called Ahamkara. It is only an intermediate ripple in the wave consciousness—Prana—which begins as Ahamkara in the subtle form and ends as the gross body.

It is an intermediate state of existence between the subtlest Absolute consciousness and the grossest manifestation of body which combines at once in itself something of the consciousness and something of body. Having thus intervened in the course of this consciousness wave, this takes authority into its own hands and begins to guide the course of this wave, which we see in the form of voluntary muscular actions, Karmendriyas and

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Jnanendriyas. Just as a driver can drive a motor car well or ill according as he is intelligent or otherwise, this Ahamkara in a similar way helps the physiological actions of the individual if it is intelligent or mars them if it is otherwise. How does it help or how does it mar? The best thing for Ahamkara is not to poke its nose into the play of the consciousness wave; when consciousness is left for itself, it does evrything as it deserves to be done. If at all it should like to take part in the action of the consciousness, it should act in such a way as not to clash with the course of the consciousness wave. When Ahamkara clashes with the course of consciousness wave, there is an irregularity or shock in Prana which in its turn results in some distortion in the physiological actions. How it clashes are the following conditions Kama, Krodha, Lobha, Moha etc. These are forms in which Ahamkara clashes with Prana. Hence it is that we see in Astangahridayam mentioned in Swastha Vritham

सुस्वार्चासविच्युतानां मतास्सवीप्रवृत्तय:
मुखंच नविनाचमीत्तस्साद्धर्मं परोचवेत् ॥
हिंसास्तेषान्यचाकामं वैशुन्यं परुषानृते
मंचिन्नामाप व्यापादमयिध्या वृग्विपर्ययं
पापकर्मनिदशया कायवाङ्मनसै स्तपयेत् ॥

These are not mentioned in a treatise on medicine for nothing or as a piece of pure ethics. They are as much moral as they are hygienic. For, owing to the observance of those rules, Prana is preserved but not wasted as we generally do by doing the above said prescribed rules and as there is no clash in the Prana waves with the result that the health is maintained and the man lives his full period of life. No Akala Mrityu for him. In the light of this theory, I shall try to explain elsewhere what is meant by life-period, death and Akala mrityu. Again for these reasons alone that the ancients have prescribed Mantra Japa, Pranayama, and Deva Archana, for these have got the power to act upon the derangement of Prana which is beyond the power of purely mineral or vegetable drugs. Perhaps this aspect of healing art the western scientists recognised and I venture to declare unless and until any healing art or science recognises this aspect of the question, it cannot be called a science of cure nor can it be effective. And blessed will be the day when modern science recognises this theory and declares to the world to turn its mind from the gross and external manifestations to the more subtle

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forms and modify its actions and mentality in view of these principles so that the earth will be an entirely different one physically, morally, economically and politically, as the ancient Rishis have declared

सदाचारस्य मासेन संप्राप्नोति समाचरन् आयुरारोग्यमैश्वर्यं च मोलोकांश्च शाश्वतान् ।

This is not a piece of religious sermon out of place in a treatise on medicine. It is quite apt and proper in its place. The westerners are basing all their medical science on the information they gain by dissecting the dead body and examining it under microscopes. They have completely ignored the existence of Sukshma Sarira which has got much influence on the health of an individual.

ACTIVITIES OF AYURVED IN BENGAL.

BY

KAVIRAJ M. K. MUKHERJEA, B. A.,

AYURVED-SHASTRI, CALCUTTA.

——:o:——

Bengal enjoys a reputation of long standing as being a centre of culture. Even in this period of renaissance in the history of Ayurved the province has befittingly maintained her time-honoured tradition. This period may be said to have commenced just as a decade and a half back. The results achieved during this manifestly short space of time must be pronounced worthy of the genius and culture of the province, however short they might still fall of the great consummation, towards which the laudable attempts of the mighty workers for the revival of an ancient heirloom of Indian lore, which is of great utility and possibilities, are converging through different channels. There was a great cultural interchange between the provinces of India in the pre-British period. But the leading position in the thought-world pre-eminently belonged to Bengal through different ages. I do not intend by this remark to belittle other provinces of the vast sub-continent of India. Bengal has never grudged to receive inspirations from outside, and enrich the stock of her cultural assets. Mithila was transferred to

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Navadwip, which at one time almost became a replica of Taxilla or Nalanda by the multiplication of teaching Pandits of eminence and their great Tols or Chatuspathies, and the relics of which seat of learning bear unrefutable testimony to its some-time greatness. In the field of Ayurved, too, even today, Bengal is eager to reflect and receive light.

The metropolis of Calcutta boasts of as many as four Ayurvedic teaching Institutions with attached hospitals, where great humanitarian work is being done along with the manufacturing of equipped physicians of the future. There organisations have sprung up within an incredibly short period of the Renaissance in view of their growing sizes and expanding activities. They seem to be pregnant with great possibilities to meet the medical requirements of the land, and revive many lost industries and enterprises. According to a public statement of the minister in charge of the Portfolio of Health of the Bengal Government, there are in the metropolis of Calcutta, only 13 recognized hospitals, great and small, all counted together, with capacity to accommodate only 3,500 patients, and annually a vast influx of sufferers, hailing from the muffossil for medical relief, has unfortunately to go away disappointed and await their miserable release, for paucity of beds. A modest computation of this influx would place the yearly figure at 7 to 8 thousands. In this position Ayurved has got an immence opportunity for expansion, and popularity restoring the science to all round development, and pristine glory. These Institutions are attracting learner's from different parts of the country, and their reputation has spread so far and wide that the difficulties of the medium of instruction, which is generally the provincial vernacular, are not daunting the adventurers. Bengali is very easy to learn, though the language is so rich, being the softest transformation of Hindustani, which is known to a vast majority of the people of India and as such, is destined to be the *Lingua Franca* of the land. There is no restriction regarding the medium of examination, Sanskrit and provincial vernaculars being allowed. The gates of Ayurved are now thrown open to castes and creeds without distinction, and the orthodoxy of confinement to Brahmin and Vaidya castes is discarded once for all. To turn out broad-minded representatives of Ayurved and educate the lay public liberally in it, will be the ultimate goal of all these attempts of restoration.

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So far as my knowledge and experience regarding Ayurvedic organisations go, Bengal may be said to be moving ahead of other places. District Boards and Municipalities are patronizing the science. There are at places, under them, charitable dispensaries, where modern Kavirajes are employed in charge. The finished products of these Ayurvedic institutions of Calcutta are gaining recognition variously in different parts of India. In muffossil towns of Bengal, Ayurvedic teaching institutions exist in modern forms, or otherwise. The learned Ayurvedic Kavirajes have got their own Tols, where the residential students get a grounding on old lines to be turned out into the world as qualified men, and useful members of the Society. The system of tols and chatuspathis is almost all her own, so far as Bengal is concerned. Modern systems of education for ancient lores have not, even today, succeeded in effacing it. The idea is there, and not absolutely without truth that modern systems mostly wallow in shallow waters.

Inspite of the superior claims of Bengal she has still one most important thing unachieved in the field of Ayurveda. No state recognition has been available for the votaries of the science. All organisations of Ayurveda relating to hospitals, Relief works, Teaching Institutinous, etc. are absolutely non-official. The Marwari Community, which commands the trades and wealth of Bengal, has been responsible for a few good Ayurvedic organisations. They have thus proved true to the salt. But these would achieve no results commensurate with their sincerity and efforts, unless they are consummated by Governmental backing. There was a talk mooted during the several years past, and a little headway too, regarding the matter, for creating a Faculty and Council of Ayurveda under Government aegis to organise and recognize Ayurvedic education and profession in Bengal. In some of the other provinces there are Government Ayurvedic Colleges, as also state-supported charitable dispensaries, no matter whatever their status and condition. In some of the provinces, Government-recognized Ayurvedic Boards too exist as Examining Bodies to grant license and privileges to practitioners. But the rightful vanity of Bengal's genius and culture would not be satisfied with semblances and nothing less than an assured position for Ayurveda under the proposed Faculty and Council within the meaning of the Indian Medical Practitioner's Act. There can be

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no two opinions that a statutory relegation of Ayurveda to a position of cold shade and inferiority should not be tolerated by any self-respecting individual, swearing allegiance to her. So the Faculty and Council may be long in coming, and time has patiently to be bided till the cherished desire is an accomplished fact by the transferance of political powers to propular control, disposing of all national problems in the best interests of the land. But in the probable interim of a decade or two the lovers of Ayurveda need not sit idle. They may lay their heads together and join hands in a task of common weal in a broad-minded spirit to create a non-official Faculty and Council or let me say an Ayurvedic University in Bengal, which will be a powerful nucleus, round which Governmental recognition, real and irresistible, is bound to grow in the very nature of things. The Sanskrit Association of Bengal is trying to incorporate within its jurisdiction an examination of Ayurveda like the examinations of other ancient subjects. Thus various attempts are being made and may be made for securing official recognition for Ayurveda. The Sanskrit Association is a Body affiliated to the Calcutta University. But true lovers of Ayurveda must keep the caution in view and that very alertly that in all these attempts no ignominous compromise is unwarily and temptingly effected with self-respect and real interests for a mere mess of pottage.

The hospitals, attached to the teaching institutions, are carrying on research works in treatment, both on mdical and surgical sides. The Surgical researches are of greater importance, as Hindu surgery is the parent surgery, which through a strange concatenation of adverse circumstances has been obsolete and is almost unknown. The new diseases that are rampant now-a-days and most of which are unfortunate importations are being made medicinally amenable to Ayurveda. The day is not distant, when Ayurveda would be able to fulfil the medical expectations of this vast land. Researches in herbs and drugs have long been undertaken, and in this works broad-minded co-operation is being sought with allied western sciences to mutual benefit. These institutions are not merely running their own shows, but are always eager to be in touch with the research organisations of other provinces, keeping in view the necessity and importance of inter-provincial interchange. To cope with Tuberculosis, the alarmining prevalence of which is

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exacting an appalling toll of mortality. Some hospitals have made special arrangements for excellent treatment.

Thus Ayurveda will once again come to be regarded as an all India Mission, and no province should slacken efforts to make her contributions to that noble purpose. There have been, for some years past, annual sessions of All India Ayurvedic Conference in different parts of India and Ceylon. But really to focuss the opinions of a created Ayurvedic world this conference is not still competent, unless and until there have arisen in the provinces truly representative organisations swearing allegiance to the All India Parent Body. To that end the whole country has to be honeycombed with a net work of organisations on the basis of workable territorial distributions. Very few provinces have held annual provincial conferences—for less District and Sub-divisional conferences. In Bengal on very few occasions and that at long intervals such conferences have taken place. But there was no systematic continuance year after year. Activities in this direction were purely local and few and far between. Now, Bengal has realised that if the nascent energies of Ayurveda on her awakening from a long slumber of ages are to be turned to the best account, the main springs of strength and vitality have to be established by bringing the Body Politic of the Ayurvedists to believe in and vow by a common destiny and a permanent meeting ground. So, Bengal is celebrating her real maiden provincial conference in the ensuing Easter Holidays on an organised and representative basis with an Ayurvedic Exhibition on a wider scale to embrace all allied branches of Ayurveda.

Inspite of the multiplicity of the teaching institutions in the metropolis they are working well, and maintenance of their separate existences shows the plain fact that there are immense possibilities for Ayurveda. There are at times talks on the lips of chicken-hearted and wily people regarding the fusion of one institution into the other. But results are not always collossal by combination unless it be the offspring of a unification of the angles of vision. Healthy rivalry, and open-hearted co-operation along with an unswerving pursuit of ideals dimiss all fears and weaknesses, and if at the same time there exists a pure and peaceful atmosphere free from intestinal disturbances every institution will, at the end of the race, be in the temple of success.

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It is not always possible to undertake India-wide travels to study the efforts of Ayurveda and acquire first-hand knowledge of flourishing and rising organisations. Provinces will benefit one another by giving publicity through journals of the line, to all attempts that are being made at diffierent places in the field of Ayurveda.

GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

DR. K. S. MHASKAR, M.D., M.A., B.Sc., D.P H., D.T.M. & H.,

(*Pharmacological Laboratory, Haffkine Institute, Bombay*).

(*Continued from our November issue*)

II. Diagnosis.

Pseudo-pregnancy.—Though 'Mensrual' Fluid' and 'Semen' come together, the deranged *Vayu* prevents successful fecundation and brings about a false kind of pregnancy, which may disappear by itself; such fecundated matter lying concealed in the uterus, is also called *Nagodara* (Su.).

Accumulation of 'Menstrual Fluid' in the uterus on account of *Vayu* may produce symptoms of pregnancy; if this aborts and produces a blood discharge of the menstrual period, on account of eating hot, pungent, and acrid food or substances, and the tumour disappears, it is wrongly believed that the Evil Spirits have eaten away the foetus (Va.).

Treatment :—The same as for *Lina-Garbha* (see further).

III. Management of Normal Pregnancy.

Regimen :—The rules laid down for the guidance of a woman in her menses should be strictly adhered to. The enciente should keep herself clean, should wear clean white garments, should not touch nor come in contact with unclean, deformed, or maimed persons, and should forego the use of foetid smelling things; constant anointing and cleansing of the body with *Phyllanthus Emblica* and *Curcoma longa* should be given up (Su). Immediately on the

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ascertainment of pregnancy the enciente should avoid all kinds of physical labour, journey by carriage or in any conveyance, sitting on one's haunches, sexual intercourse, fasting, other causes of emaciation of the body, day-sleep, keeping late hours, indulgence, fright, and voluntary retention of natural urgings of the body (Su.). She should not wear red garments (Ch.).

Diet :—She should avoid the use of dry, stale, and dirty food, and also the one prepared overnight; her food should be amply sweet, palatable, well-cooked, prepared with appetising drugs, and abounding in fluid substances; she should never fast (Su.). She should always take ghee and milk (Va.).

Temperament :—She should always keep a happy joyful spirit, should wear clean ornaments, engage herself in performing peace-giving and benedictory rites, and live in devotion to the Gods, Brahmins, her elders and superiors; she should avoid dreadful sight and painful or agitating sounds; she should avoid resort to cremation grounds, or to a solitary retreat or to a haunted tree; she should not sit under the shadow of a tree; indulgence in anger, fright, or in the 15 kinds of irrascible emotions should be deemed injurious (Su.)

Measures harmful to the fœtus :—She should not sit on hard or irregular ground, restrain the passage of flatus or urine, nor do hard labour; she should not eat less, nor eat hot and pungent foods. She should avoid the causes of abortion, *viz.*, a blow on the fœtus, constant pressure on that part of the abdomen, travel in bad conveyances on uneven roads, hearing of sudden loud sounds like that of gun-fire; she should not sleep on her back, for the 'Umbilical Cord' twines then round the neck of the fœtus. If a healthy child is desired it is best to observe health rules and proper regimen; if there be any disease, mild medicines should be taken; emetics, purgatives, errhines, and venesection are forbidden; and unless there be a severe malady no medicated enemas should be given; inhalation of smoke is inadvisable (Ch.). Fomentations, emetics, and errhines should not be given; and enemas should be given after the 7th month only (Va.). Cauterisation with alkalis should not be done, and excessive oleaginous medication should be avoided (Su.). Strong remedies are contraindicated in pregnancy (Ch.).

The enciente is in such a delicate condition that any riregularity in food, or shock is unbearable, and brings on an abortion (Ch.).

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From the 7th month the enciente is unfit for sexual intercourse; and from the 8th month, it is absolutely interdicted. Vyas says that she should not have sexual intercourse from the 2nd month when she knows she is pregnant, or after the third month when the ceremonies for a male child are concluded (Bhava-Mishra).

Dietetic and Therapeutic Prophylaxis.—In the Ist and 2nd months, give the enciente sweet, cool, and fluid articles abounding in 'Shashtik' rice and milk (Su). In the Ist month, she should drink cool milk at suitable intervals and according to her digestive power, in addition to taking wholesome meals morning and evening; in the 2nd month, her milk should be medicated with drugs of the 'Sweet' group. In the *3rd month* she should take 'Shashtik' rice with milk especially (Su.). Honey and ghee should be given with the milk (Ch.).

From the *Ist to third months*, she should be given everything she asks, excepting the harmful things; do not give hot, pungent, and indigestible foods, nor intoxicating substances, she should not eat meat and should avoid things that are harmful to the generative organs; if she wants such a substance, it should be administered along with a wholesome article; otherwise, desires that are denied, derange *Vayu* and kill the fœtus (Ch.).

In the *4th month*, the enciente should be given 'Shashtik' rice with curds, large quantities of milk and butter, relishing food, and flesh of wild animals like deer, etc.

In the *5th month*, 'Shashtik' rice with milk, and other food with milk and butter (Su.); in both the *4th and 5th months*, she should take one ounce of butter prepared from fresh milk (Va.).

In the *6th month*, she should take 'Shashtik' rice with ghee, and butter in large quantities with gruel of rice, barley, wheat, etc., or decoction of 'Svada-mashtra' (Ch.).

In the *7th month*, give ghee in adequate quantities prepared with 'Uraria picta' group of drugs (Su). In both the *6th and 7th months*, she should take ghee medicated with the 'Sweet' group of drugs (Ch.). In the 7th month, she should take butter with infusion of *Zizyphus Jujuba*, and drugs of the 'Sweet' group; her diet should be light and tasty with less of salted and oily substances; (1) she should apply the paste of *Santalum album*, *Andropogon muricatus* to the thighs, breasts and abdomen; (2) or the paste of the three myrobalans with blood of deer, antelope, or

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hare ; (3) she should massage the body with the paste of *Trichosanthes cucumerina*, *Melia Azadirachta*, *Rubia cordifolia*, and *Ocimum sanctum* ; (4) she should sprinkle on her body the decoction of *Berberis asiatica* and liquorice (Va.).

In the 8th, 9th, and 10th months, she should take liquid food, *i.e.*, gruel of rice, barley, or wheat, made up with fatty substances and soup of flesh of wild animals like deer, etc. (Su.).

In the *8th mohth*, she should take rice conjee prepared in milk, at suitable intervals ; Bhadrakapya says that this diet causes the eyes of the child to become grey, and should therefore be avoided ; but Charaka opines that such a contingency need not be feared, for the child becomes very healthy, strong, of a bright complexion, and of a beautiful voice ; it possesses grace and acquires eminence among its confreres (Ch.). In this month, the enciente should be given rice-conjee and ghee ; give her an enema of ghee medicated with 'Sweet' group of drugs ; in case of constipation, give dried *Raphanus sativus* tubers and sour *Zizyphus Jujuba* fruits ; give her an enema of the paste of *Fœneculum vulgare*, ghee, oil and 'Saindhava' salt (Va.).

In the *9th month*, give the enciente an oil enema medicated with 'Sweet' group of drugs ; and keep in the vagina cotton-swabs soaked in this medicated oil ; the uterus and the vagina thus become soft and pliable, and delivery ceases to be a terror (Ch.). In this month, give her oily food, meat juice and rice conjee, with plenty of ghee ; give her the enema of medicated oil mentioned above and insert cotton-swabs of tho same in the vagina ; she should bathe every day with the decoction of *Vayu*-subduing drugs (*Cratœva religiosa*, *Vitex Negundo*, etc.), and should massage the body every day with oil (Va.). For the purpose of restoring the *Vayu* of the enciente's body to the normal course and condition, and the cleansing of the bowels, she should take an enema of the decoction of *Zizyphus Jujuba*, *Sida carpinifolia*, *Abutilon indicum*, *Peucedanum graveolens*, *Randia dumetorium*, powdered sesame seeds, flesh, milk, cream of curds, oil, honey, and ghee ; after this, she should take an enema of oil prepared with milk and decoction of drugs of the 'Sweet' group ; these restore the *Vayu* and bring on an easy and natural parturition unattended with any puerperal disorders (Su.). This regimen makes the enciente strong and healthy ; parturition is easy and unattended with disasters (Su.). It softens the back, abdomen,

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and the lumbar and pelvic region of the enciente ; *Vayu* remains in a normal condition ; urine and fæces are passed normally ; skin and nails become soft ; strength and complexion improve ; the delivery is free from troubles ; and the child is healthy and has desirable qualities (Ch.).

IV. Presentation and Position of the Fœtus.

The fœtus lies in a crouched or doubled up posture in the uterus and thus naturally at parturition its head is presented at the entrance to the vagina (Su.).

The face of the foetus is towards the mother's back ; the head is at the top, and all limbs are close together ; when the delivery time comes, the *Vayu* of the delivery period reverses its position ; the head is now the lowest part, and it escapes through the vaginal canal ; this is natural delivery ; everything else is abnormal (Ch.).

Shaunaka says that the head is at the top ; and Bharadvaja says that it is downards ; it is not so, says Punarvasu-Atreya, for, the mother dies if the head is upwards ; and the foetus dies if the head is downards ; the foetus lies sideways with its parts folded up, for the head and the buttocks alternately become heavier and change their position (Bhela).

PHYSIOLOGY OF LABOUR :—

I. Preparation for Labour.

The Lying-in-Room should be prepared before the 9th month of pregnancy ; it should be built on a ground free from bones, gravel, etc., and should have pleasant and fragrant surroundings ; the house should be well-made ; couches should be well-constructed ; the walls of the rooms should be well-plastered and the necessary furniture should be placed tidy in its proper place. The door should face south or the east ; the inner dimensions of the room should be 8 cubits in length and four in breadth ; religious rites to ward off evil spirits and malignant stars should be undertaken at the door of the room (Su.). There should be a kitchen, a water-reservoir, a privy, a bath-room, and a mortar and pestle room (Ch.).

There should be in the house, fire wood of *Aegle Marmelos*, *Diospyros embryopteris*, *Balanites Roxburghii*, *Semecarpus Anacardium*, *Cratæva religiosa*, *Acacia Catechu*, and any other firewood declared beneficial by Brahmins learned in *Atharva-Veda* (Ch.).

The enciente should enter this place in the 9th month under the auspices of happy stars and propitious lunar condition (Su.),

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and on an auspicious day, after holy rites, await the delivery time (Ch.).

Furniture :—There should be two cots of *Aegle Marmelos* wood (Ch.). The couch and the bed should be low, soft, and guarded on all sides by soft pillows and cushions (Su.).

Accessories :—There should be plenty of clothing, covers, coverlets and bandages (Ch.). There should be the curry-stone and the mullar ; two large pestles and mortars, an ass and an ox, two sharp needles of gold and silver, two skeins of thread, and two fine-edged instruments or knives ; (the use of these articles is mentioned later on, under 'Care of the New-Born') (Ch.).

There should also be many other things that may be useful and also those which old experienced men and women mention (Ch.).

Medicines :—There should be ghee, oil, honey, salts of three kinds (Black, 'Saindhava,' and 'Sanchala'), dry ginger, mustard seeds, garlic, coarse-ground rice, treacle, *Embelia Ribes* fruit, *Saussurea Lappa*, *Cedrus Deodara*, *Piper Longum* root and fruit *Scindapsus officinalis*, *Hydrocotyle asiatica*, *Elletteria Cardamomum*, *Gloriosa superba*, *Acorus Calamus*, *Piper Chaba*, *Pongamia glabra*, *Plumbago zeylanica*, *Ferula asafoetida*, *Anthocephalus Cadamba*, *Linum usitaesium*, *Cucurbita Pepo*, *Betula Bhojapatra*, and *Dolichos biflorus* (Ch.). There should be wines of three kinds :—'Sura,' 'Asava, and 'Mireya' (Ch.).

Attendants :—There should be in attendance many women who have borne several children who are well-disposed and attached to the enciente, are expert, skilled, of good common sense, kind, fond of children, cheerful, hardworking and trusted by the enciente ; there should also be many Brahmins (Ch.).

Midwives :—Four elderly ladies, skilled in the art of accouchment and with whom the enciente feels no delicacy, should attend ; they should pair their own nails (Su.).

II. Clinical Course of Labour.

Signs of Imminent Labour :—There is a looseness of the sides of the abdomen and an untying of the *Umbilical Cord* of the child (from the *Cardiac Cord* of its mother) ; characteristic waist-pain is perceived ; this pain is constant and severe in the waist as also in the back ; constant bowel-motions (diarrhoea, tenesmus), frequent micturation, and mucous discharge from the Vulva occur (Su.).

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There is languor, loss of appetite, heavy sensation in the limbs, drooping of eyes, and face, loose feeling in the chest, falling downwards of the abdomen and a heavy sensation in the part; piercing pain in the groins, pubic region, loins, sides of abdomen, and the back (Ch.). Signs of labour are the typical pains, and the discharge of (amniotic) fluid after rupture of the membranes (Ch.). There is a tired feeling although there were no previous exertions; there is salivation, tastelessness, pains in thighs and heart; tearing and bursting pain and throbbing in the vagina (Va.).

First Stage of Labour, or the Period of Dilatation.—The body of the enciente should be anointed with oil and washed with warm water; she should be made to drink large quantities of gruel of barley, or wheat; she should then be la d on a soft and spacious bed, head on pillow and legs drawn up and slightly flexed; benedictory rites should be performed, and a fruit with a masculine name should be given in her hand (Su.).

The enciente should lie on a soft bed on the floor, and some encouraging words should be spoken to her. Some authorities advise the enciente to strike with the pestle repeatedly into a mortar full of paddy; to stretch out arms and legs repeatedly, or to walk about, if the labour pains are severe; but Atreya, Agnivesha's preceptor, notes that this is bad practice; an enciente ought not to indulge in violent exercise; and more so at the time of delivery; for, the Root-Principles (*Dhatu*) and the Humours are now in a very mobile state; the enciente might die because of the *Vayu* aggravated by such exercise; in such a conditton also, any disease that may be acquired, is difficult to cure; hence the pestle exercise should be avoided; it is advisable to stretch out arms and legs, or to walk about (Ch.).

To facilitate delivery, the anciente should (I) smell the powder of *Saussurea Lappa, Ellettaria Cardamomum, Gloriosa superba, Acorus Calamus, Plumbago zeylanica, Pongamia glabra;* (2) inhale the fumes of *Betula Bhojapatra*, or of the pith of *Dalbergia Sissoo* (Ch.); (3) massage gently the waist, flanks, back, and thighs with warm oil; the child's head thus descends downwards (Ch.). The massage free the child from its attachment to the mother (Va.). As a fruitfully matured naturally drops off its pedicle, so is the umbilical cord severed in course of time, and the child comes out of the uterus (Su.).

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Second Stage of Labour, or the period of Expulsion.—"May this woman, begotten in the proper way, be delivered ; may her joints relax, so that she shall bring forth ; I split apart thy vagina, thy womb, thy two groins ; apart both the mother and the child ; apart the boy from the placenta ; let the placenta descend" (Atharva-Veda).

The mouth of the parturient canal should be lubricated in the natural and outward direction ; she should be asked to bear down the child, but not to make such an attempt in the absence of real pain ; she should gently bear down when-ever there is pain in the pelvic, pudendal, and pubic region, and between the neck of the bladder and the pelvis (Su.).

When she feels that the fœtus, leaving the chest region, is more in the abdomen and has reached the top of the pelvis, the pains become more and more violent, and she desires very much to deliver the burden ; at that time the child's head is coming downwards ; she should at this stage be placed on the cot. In the absence of pains, the straining efforts are useless, and do harm to the fœtus ; or, in later life, the child suffers from asthma, bronchitis, tuberculosis, and enlargement of the spleen ; also if the straining efforts are suppressed when labour pains come on, various diseases appear later, in the mother (Ch.).

Greater effort should be made on the exit of the fœtus out of the uterus, and greatest efforts during its passage through the canal, till delivery is complete (Su.). The enciente should be encouraged by saying that it is a 'son' (Ch.).

If the fœtus is obstructed, fumigate the vagina with slough of a black snake (Va.).

"May the Embryo of ten months move together with the Caul" (Shatapatha-Brahmana).

Third Stage of Labour, or the Placental Period.—After the delivery of the fœtus, the placenta should pass out ; after this, massage the vagina and the body of the mother (Va.).

PHYSIOLOGY OF THE PUERPERIUM :—

Puerperium is the period npto the next show of the menses (Va.).

It is the period of a month and half after delivery, or upto the next appearance of the menses (Yoga.).

(*To be continued*)

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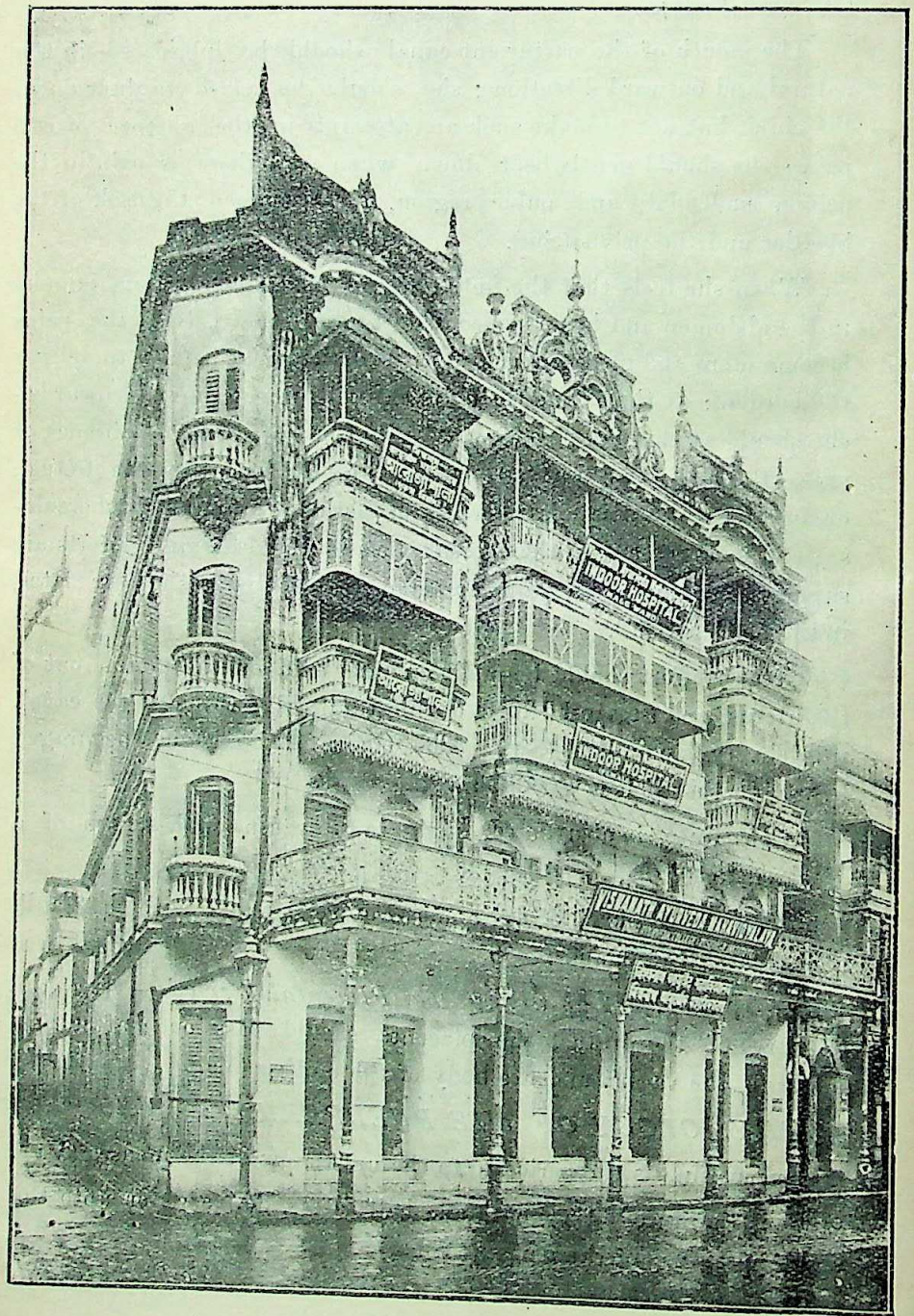
Repots of Societies Etc.

—:o:—

VISHWANATH AYURVEDA MAHAVIDYALAYA

All-India Ayurvedic College, Hospital and Research Institute.

94, Grey Street, Calcutta.



Vishwanath Ayurveda Mahavidyalaya, Calcutta.

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A BRIEF DESCRIPTION OF THE COLLEGE DEPARTMENT.

This Institute—a fully equipped College and Hospital (50 beds)—is an evolution of the Founder's 36-year-old Ayurvedic **Tol**, the alumni of which are now Principals, Vice-Principals, Professors and Superintendents of Ayurvedic Colleges, Schools and Hospitals all over India (e.g. Mysore, Travancore, Delhi, Lahore, Benares &c.). Rich Museums, extensive Herb-gardens and Pharmacy, Research Laboratories, Hospitals, Dissection Hall etc. have been now provided at enormous expense. Brilliant staff of Professors well-versed in Ayurveda and the modern Sciences teach and help the students in the intensive study of Ayurvedic classics (*Charak, Susruta* etc.) *along with modern advances.* Deficiency in Sanskrit is made up by special language classes held daily. *Only well-qualified students are admitted.*

Courses :—Pass Course—Four years : Diploma in Ayurvedic Medicine and Surgery (D.A.M.S.). **Honours Course**—Five years : *Bachelorship* in Ayurvedic Medicine and Surgery (B.A.M.S.). Post graduate—*Mastership* : Six years (Title—M.A.M.S.) ; also suitable Sanskrit titles. The teaching conforms (and is higher in many matters) to the highest ("Ayurvedacharya") Degree Examination of the Hindu University, Benares and the **All-India Ayurveda Vidyapitha**—the standing Accademical Body of the All-India Ayurvedic Conference—which holds its degree examinations simultaneously in over 25 centers all over India every year. The students may appear in the last examination also if they like. The Courses are telescopic and graded in such mannar that passed students may practise as they study.

Post-graduate Courses in Ayurveda for medical men trained under the western System or in other Ayurvedic Institutions are also provided. Period of study—one to three years accordiug to qualification.

Fees :—For regular students the fees payable before admission are as follows : Admission fee Rs. 5/- Tuition fee for one quarter (3 months) Rs. 15/-, Punkha fee (annual) Re. 1/-, Caution Money (deposit) Rs. 5/-, Sport fee Re. 1/-, Magazine fee Re. 1/-, Total Rs. 28/- (Twenty eight) only. Subsequet fees are payable for each quarter in advance. Dissection fee Rs. 10/- and Practical Chemistry fee Rs. 2/8 are payable in each winter session for the first two years only.

Bright prospects are open to passed students, both in private practice and in the services now provided by the Indian States, Municipalities, District Boards, Ayurvedic Schools, Colleges and Hospitals &c. Session begins in July every year. For Prospectus (containing full details), apply with postage stamps to—

KAVIRAJ S. K. SEN, M. Sc.,
Vice-Principal.

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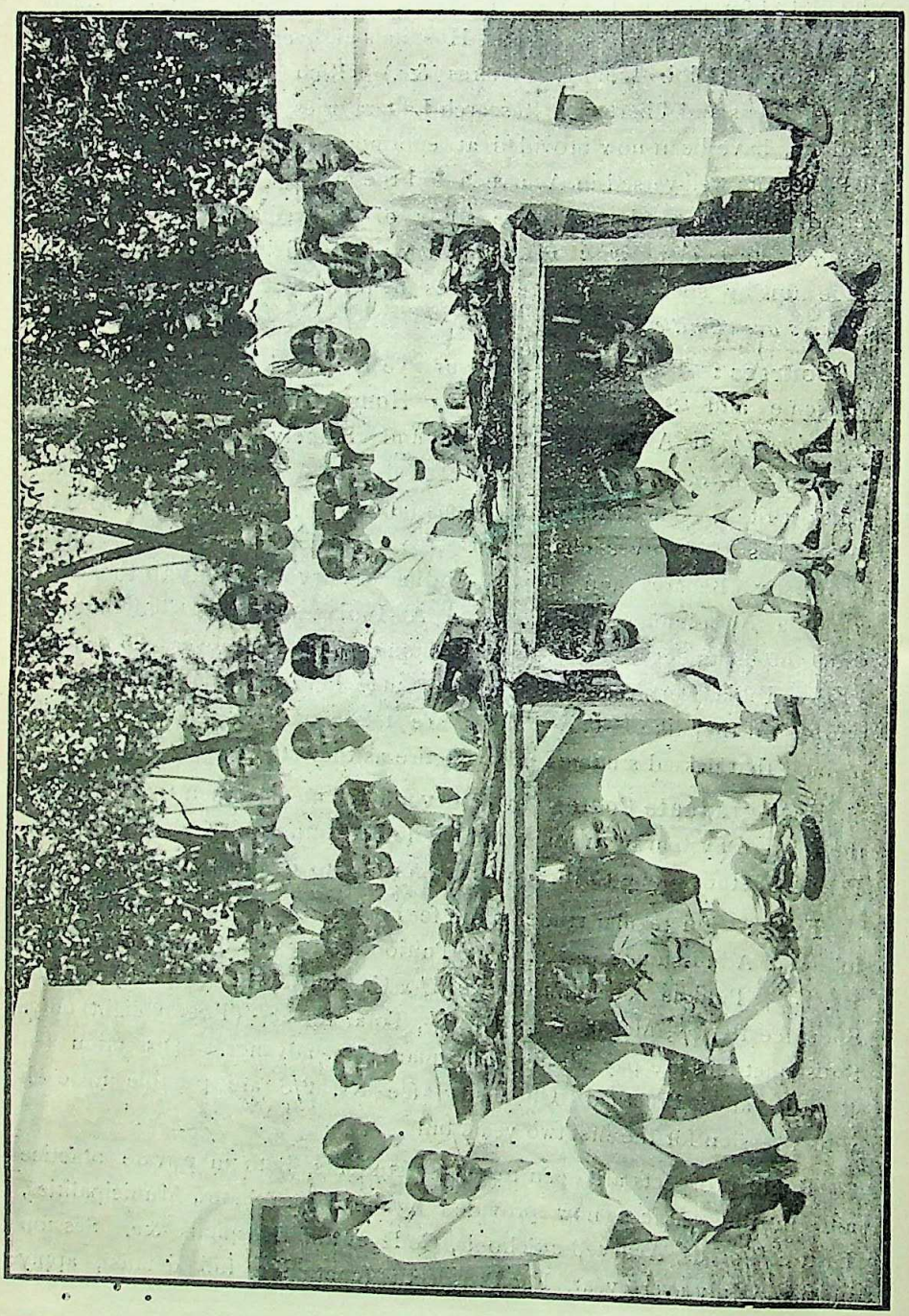

Students of the Vishwanath Ayurveda Mahavidyalaya dissecting

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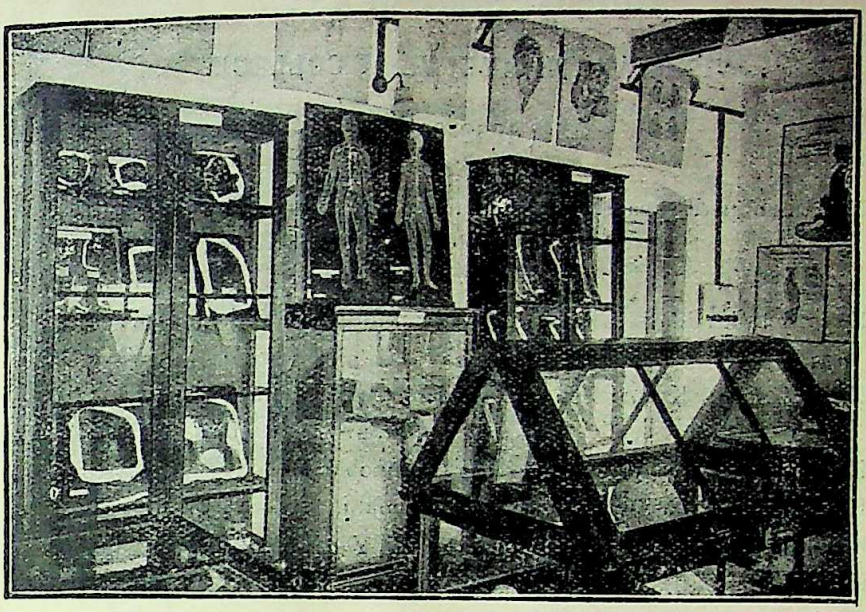
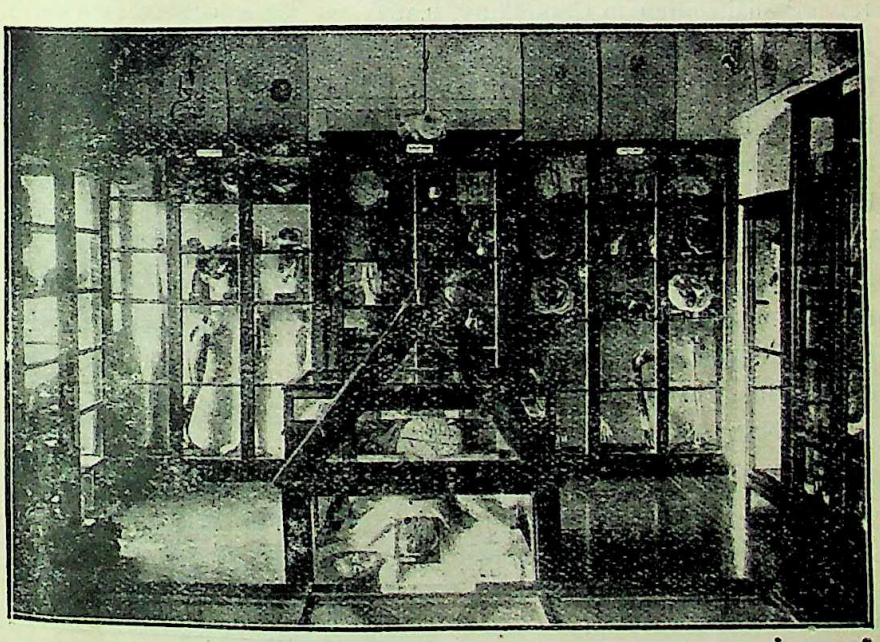


A Corner of the Anatomical Museum.

(Beautiful Anatomical models, costly wax-made dissection specimens, Skeletons, Charts &c. worth several thousands are provided.)



A Section of the Pathological Museum (replete with expensive wax-models of diseased conditions.)

Students of the Vishwanath Ayurveda Mahavidyalaya dissecting human bodies under teacher's direction.

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TUTORIAL STAFF OF THE

VISHWANATH AYURVEDA COLLEGE.

(1933-34).

Mahamahopadhyaya Kaviraj Gananath Sen, Saraswati, Vidyasagar, Pranacharya, M.A., L.M.S. (*Principal*).

Kaviraj Rakhaldas Kavyatirtha, Vidyanidhi, Ayurvedacharya, (*Senior Vice Principal*).

Kaviraj Sushil Kumar Sen, Bhishagacharya, Kaviratna, M.Sc., (*Vice-Principal and Jt. Secretary*).

Kaviraj Pt. Bhavataran Vidyaratna, Pranacharya.

Kaviraj Haripada Shastri, Vaidya-Shiromani.

Kaviraj A. Raman, Ayurvedacharya. (*All-India A. V.*)

Kaviraj Manindralal Das, Kaviranjan, M.A , M.B.

Kaviraj Harihar Barat, Vidyaratna.

Pandit Rajeshwar Choudhuri, Vidyabbushan.

Pandit Nagendranarayan Shastri, Sankhya-Vyakaran-Purana-tirtha.

Kaviraj Sachindranath Sen, Ayurveda-Shastri, M A

Kaviraj Gopal Chandra Sen, Bhishagratna, L M.F.

Kaviraj Anukul Ch. Chakravarty Bhishagratna, L.A.M S.

Kaviraj Amarendranath Gupta, Vidyaratna.

Kaviraj Shailendranath Choudhury, B.A.

Dr. Shivadas Basu Mallik, M.A., M.B , B.Sc.

Dr. Mrityunjay Sen, M.B., D.T.M., D.P.H.

Dr. D. P. Paul, M.B.

Dr. Atul Rakshit, M.B., B Sc.

Dr. Binay Ch. Dasgupta, M.B.

Prof. R. K. De, M.A., B.L., B.Sc.

Prof. J. N. Sen, M.A.

Prof. Ramnarain Deb, M.Sc.

Prof. S. P. Paul, M.Sc.

Prof. Sudhir Ch. Sen Choudhury, M.Sc., B.L.

N. B. These Professors (many of them honorary) are now teaching the first and second year classes. Other eminent professors, already on our list, are to take up teaching work from the next year when the senior classes begin.

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A BRIEF DESCRIPTION OF
THE VISHWANATH AYURVEDA COLLEGE HOSPITAL
(All-India Ayurvedic College, Hospital and Research Institute.)

The Indoor Department of this Hospital was opened by Sj. Santosh Kumar Basu, M.A., B.L., Mayor of Calcutta on the 3rd June, 1933 and was inspected by him and many eminent men of Calcutta who expressed great satisfaction with its up-to-date high class arrangements in elegant south-open rooms in the above palatial building. At present, it has accommodation for fifty beds—as verified by the Health Officer—28 male and 22 female, including 6 cabins. A highly efficient medical and nursing staff with a full complement of menials has been provided.

The Outdoor Department of this Hospital was opened by Lady R. N. Mukherjee on the 10th July, 1932. It has a medical and a surgical side where patients of all caste and creed attend in large numbers. Recently the attendance has increased to about 150 daily.

A new Annexe to accommodate Labour Ward, Operation Theatres, Observation Ward etc. is under construction. Quarters for Resident Medical Officers, Kitchens and Stores have been built on the top floor.

The Pathological Laboratory of the Hospital is fitted up with all necessary appliances such as Microscopes, Microtomes, Chemical Balance, Autoclave, Incubator etc. for Clinical and Research work and all modern aids to diagnosis are requisitioned for the benefit of patients.

The students of this College are given regular hospital duties and clinical training on the bedside by eminent visiting physicians and surgeons who are in charge of the different wards.

The Visiting, Resident and Ministerial Staff of the Hospital at present working is given below :—

Mahamahopadhyaya Kaviraj Gananath Sen, Saraswati, M.A., L.M.S.
Hony. Superintendent and Physician-in-Chief.

Lt. Col. K. K. Chatterjee, I.T.F., F.R.C.S.I.
Hony. Surgeon-in-Chief and Visiting surgeon.

Dr. Bireshwar Mitra, M.B., F R.C.S., L.M.
Dr. D P. Ghosh, B.A., M.B.
} *Associate Surgeons (Hony.)*

Dr. K. C. Bose, M.B.
Dr. N. R. Sen-Gupta, M.D.
} *Directors of Clinical Research and Consulting Physicians.*

Dr. J. C. Chatterjee, L.M.S., F.R.S.M. (London),
Obstetrician and Gynæcologist (Honorary).

Kj Sushil Kumar Sen, M.SC., M.R.A.S. (London), Bhishagacharya,
Dy. Superintendent and Visiting Physician (Hony).

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Dr. Upendranath Sanyal, M.B.
Dr. Tarapada Bhattacharya, M.B. } *Pathologists and Research workers.*

Dr. J. N. Maitra, M.B.
Dr. I. B. Ray, M.B. } *Ophthalmic Surgeons (Hony).*

Dr. Mrityunjoy Sen, M.B., D.T.M., D.P.H.
Dr. D. P. Paul, M.B. } *Deputy Surgeons (Hony).*

Kaviraj Haripada Shastri,
Kaviraj Rakhal Das Sen, Kavyatirtha.
Kaviraj A. Raman, Ayurvedacharya. } *Hony. Visiting Physicians.*

Kaviraj Bhabataran Vidyaratna
Kaviraj Subodh Ch. Bhishagratna. } *Outdoor Physicians.*

Dr. D. P. Paul, M.B.
Kaviraj Dr. G. C. Sen, L.M.F. } *Outdoor Surgeons.*

Dr. Basanta K. De, M.B.
Dr. A. Rakshit, B.Sc., M.B. } *Radiologists (Hony.)*

Dr. Benoy Ch. Das Gupta, M.B.
Dr. Anukul Ch. Chakravarty, L.A.M.S. } *Resident Medical Officers.*

Dr. Jogesh Ch. Mitra, M.B.—*House-Surgeon and Anaesthetist.*

Kj. Sushil Ch. Sen, Vishagratna, L.A.M.S.
Kj. Prakask Ch. Bhattacharya, L.A.M.S. } *House-Physicians.*

Matron : Prabhat Kumari Dasi (*State Medical Faculty Diplomas in Nursing and Maternity.*)

Apothecary : Kaviraj Amarendra Nath Gupta, Vidyaratna.

Four Female Nurses. One Dresser.
Three Male Nurses. Two compounders.

(Two cooks and 14 menials.)

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WHAT IS THENEW HISTORY SOCIETY ?

(Prepared October, 1933)

Foundation and Statement of Purpose :

The New History Society was founded on April 5th, 1929 at its present Headquarters, 132 East Street, New York, N. Y. by Mr. and Mrs. Lewis Stuyvesant Chanler and Mirza Ahmed Sohrab, On that occasion twenty-eight men and women signed their names in the Book of Membership, so forming the initial group of this Society. They adopted a set of principles under the title of : "The Ideals of the New Hisrory Society," the keynote of which is : "A United States of the World and a Universal Religion." At this writing (October 1933) the membership in the United States is about 2,000 ; meanwhile groups have been formed in Paris, Brussels, Vienna and Camaguey, Cuba. Members and friends of the Society are found in increasing numbers in many parts of the world.

The New History Society is an interdenominational, international, inter-racial movement. In it one finds the followers of all religions, of many races and many countries who are banded together to serve the cause of Man and to establish the Kingdom of Peace in the hearts of the people.

The New History Society is principled on the Universal and constructive ideals of Baha-U-Llah and Abdul Baha, two great spiritual Teachers of the East, who appeared in the last century announcing a new era in which peace, happiness and prosperity shall be shared by every man, woman and child on the face of the earth. It is a *free* and *independent* effort, ever ready to work and to co-operate with all progressive causes that have the betterment of humanity as their guiding purpose.

Public Meetings :

During the last four years, the New History Society, desiring to help in the solution of various international problems has given series of lectures on international peace and justice and on the religions of the world. Such personalities as Rabindranath Tagore, Albert Einstein, Professor John Dewey, Rabbi Stephen S. Wise, John Haynes Holmes, Sir E. Denison Ross, Dr. P. C. Chang, Claude Bragdon, Grand Duke Alexander of Russia, Helen Keller, Margaret Sanger, Halide of Turkey, Madame Mallaterre-Sellier, Monsieur Henry-Pate Vice-President of the Chamber of Deputies of France, Professor W. E. Rappard of the University of Geneva, Fenner Brockway, Oswald Garrison Villard, Devere Allen, Syud Hossain, Pandit J. C. Chatterji, Hon. V. J. Patel, and other leaders of progressive movements have spoken from its platform.

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First and Second Prize Competitions in United States and in Europe.

In the beginning of 1932 the New History Society offered a Competition on the subject :

"HOW CAN THE COLLEGES PROMOTE WORLD PEACE ?" to the students of the Universities of the United States. Two hundred and seventy-one students from one hundred and fifty-six Colleges took part in that competition. A second Competition was given to the students of the Universities and Schools of Europe on the subject. "HOW CAN THE YOUTH OF THE UNIVERSITIES AND SCHOOLS CONTRIBUTE TO THE REALIZATION OF A UNITED STATES OF THE WORLD ?"

The three prizes, in each instance, have been $300., $200, and $100. The European Competition was opened on November 1st and closed on February 1st, 1933. Four hundred Essays were submitted in English, French and German from one hundred and ninety-one Universities and Schools—twenty-six European countries participating. The prizes were awarded on July 3rd, 1933 in the Grand Amphitheatre of the Sorbonne University, Paris, France.

Third Prize Competition in Latin America :

The New History Society is now offering its third Prize Competition to the students of the Universities and Schools of South and Central America, Mexico, West Indies and the adjacent Islands on the subject "HOW CAN THE YOUTH OF THE UNIVERSITIES AND SCHOOLS CONTRIBUTE TO THE RECONSTRUCTION OF THE HUMAN COMMONWEALTH ?" The same three Prizes of $300, $200., and $100. are to be given for three best Essays of 1200 words. Copies of the conditions will be mailed on request.

Caravan :

The younger members of the New History Society, under the name of the Caravan, have their own activities and one night a week give presentations of the arts, music, and culture of the East and West. Travelling in imagination, as on a World Cruise, the Caravan's programs combine education with recreation and entertainment, such as :

"A Night in China," "A night in India," "A Night in Egypt," "A Night in Italy," "A Night in France," etc.

New History Magazine :

"New History," a magazine which keeps our members and friends informed of our activities, and which also includes addresses and articles

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by progressive thinkers and workers of the day, is published monthly in New York. Annual Subscription $1.00.

The Green International :

The Green International is a movement for the Higher Patriotism. The country of its members is the World. Their allegiance is to humanity. Their method is war resistance. Their symbol is the Green Shirt. The Green Internationgl is sponsored by peace Patriots, Passive Resistance Union, Pennsylvania Committee for Total Disarmament, War Resisters' International, War Resisters League, Women's Peace Society and New History Society. Co-operating organizations are Committee on Militarism in Education and Fellowship of Reconciliation. The Green International has already established a number of Chapters in the Universities of the United States, and is forming groups in other parts of the world. The Green International Poster will be mailed free to Peace Societies for display.

The Green Shirt for both men and Women is priced in the United States at $1.25 plus postage. Shirts may be obtained in

England—Hon. Runham Brown
11 Abbey Road
Enfield
Middlesex, England

France—L'International Verte
77 Rue des Saints Peres
Paris, France

United States—The Green International,
133, East 65th Street,
New York, N. Y.

Illustrated folders of the Green Shirt will be mailed free on request.

The Green International Bulletin :

A monthly record of the activities of the Groups organized both in educational institutions and outside of them in the United States and abroad is presented in mimeograph form. This serves as a connecting link for those forces, organisations and individuals that are working Today for a Warless Tomorrow.

Annual Subscription—Fifty Cents.

Goal :

World Peace is the goal which the New History Society has set for itself, and with this in view, it works for the emancipation of the minds and souls of men from the traditions and customs of the past. It intends

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to strive without rest for the establishment of a social commonwealth based on order, justice, liberty and truth. Its slogan is :

"A UNITED STATES OF THE WORLD AND A UNIVERSAL RELIGION."

Literature :

For the free literature of the New History Society and the Green International in English, French, German, Spanish, Italian, Polish, Russian, Esperanto, Chinese, etc., write to the Secretary.

* * *

French Information Bureau.
Societie de l'Histoire Nouvello
77 Rue des Saints Peres
Pairs, France.

United States Information Bureau.
The New History Society
132 East 65th Street
New York, N. Y.

Austrian Information Bureau.
Mr. Franz Rona
Doblergasse 2/26
Wien VII, Austria.

Belgian Information Bureau
Societe de l'Histoire Nouvelle
90 Rue Emile Banning
Brussels, Belgium.

Roumanian Information Bureau.
Societatea Istoriei Noua
Fundatia Zimbet de Soare
Orsoaia, Olt, of. Buzesti,
Roumania.

THE NEW HISTORY SOCIETY

November, 1933.

Advance announcement of the Fourth International Prize Competition of The New History Society of New York, U. S. A., to be officially offered in July 1934 to the YOUTH of ASIA on the subject :

"HOW CAN YOUTH CONTRIBUTE TO THE REALIZATION OF A UNIVERSAL RELIGION ?"

To the Leaders of the Nations, the Members of Cabinets, the Ministers of Education, the Presidents and Principals of the Universities and Colleges, the Teachers of the Schools, the Instructors of Religions and the Publishers and Editors of Journals and Newspapers of ASIA.

Honored Sirs :

Being Conscious of the fact that the future of the world lies in the hands of the Younger generation, and looking for a spiritual, intellectual

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and balanced vision—broader, more enlightened and more humane than was the vision of the past, The New History Society, the aim of which is the establishment of international cooperation and understanding between the peoples of the East and of the West, intends to officially anounce in July 1934 the offering of three prizes :

FIRST PRIZE	...	$300·00
SECOND PRIZE	...	$200·00
THIRD PRIZE	...	$100·00

to the entire YOUTH of ASIA—male and female, up to the age of thirty, for the three best Essays of not more than 2,000 words on the subject :

"HOW CAN YOUTH CONTRIBUTE TO THE REALIZATION OF A UNIVERSAL RELIGION ?"

This will be the fourth competition organized by the New History Society :

The first was offered to the students of universities of the United States on the Subject :

"HOW CAN COLLEGES PROMOTE WORLD PEACE ?"

Two hundred and seventy-one Essays were recieved from as many students attending one hundred and fifty six universities.

The awarding of prizes took place in May 1932 at International House, New York City.

The second was offered to the students of the Universities and schools of Europe on the subject :

"HOW CAN THE YOTH OF THE UNIVERSITIES AND SCHOOLS CONTRIBUTE TO THE REALIZATION OF A UNITED STATES OF THE WORLD ?"

Four hundred students from two hundred Universities in twenty-six countries of Europe participated in the competition.

The awarding of prizes took place in July 1933 in the Grand Amphitheatre of the Sorbonne, Paris.

The winning Essays in both competitions were published in "New History", monthly journal of The Society, and were quoted, either in full or in part, in other publications and newspapers.

At this writing, The New History Society is offering similar prizes to the students of the universities and schools of South and Central America, Mexico, the West Indies and adjacent islands on the subject :

"HOW CAN THE YOUTH OF THE UNIVERSITIES AND SCHOOLS CONTRIBUTE TO THE RECONSTRUCTION OF HUMAN COMMONWEALTH ?"

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The result of this third competition will be announced during the month of May 1934 from Washington, the Capital of the United States, and the winning Essays published in "New History".

Following is a list of some of the striking personalities who acted and are now acting on the Award Committees of ths preceding competitions and of the one at present in progress in Latin America :

Dr. John Dewey, Columbia University.

Mr. James G. McDonald, Chairman of Foreign Policy Association.

Rabbi Stephen S. Wise, Free Synagogue.

Rt. Hon. The Viscount Cecil of Chelwood, M. A., D. C. L., I., L. D., Chancellor of the University of Birmingham ; President of the League of Nations.

M. Salvador De Madariaga, Spanish Ambassador to France.

Professor Gilbert Murray, L. L. D., D. Litt., Oxford University and President of the Executive of the League of Nations Union.

Professor W. E. Rappard, Institut Universitaire de Hautes Etudes Internationales.

Dr. Ricardo J. Alfaro, Minister of Panama to the United States of America.

Dr. Hubert C. Herring, Committee on Cultural Relations with South America.

Miss Frances R. Grant. Vice-President of the Roerich Museum.

Dr. Sabatia Sampaio, Consul General of Brazil to New York and President of the Society of Foreign Consuls.

Mr. Benjamin Cohen, Charge d'Affaires of the Republic of Chile to the United States of America.

Dr. Adrian Recinos, Minister of Guatemala to the United States of America.

Realizing the fact that Asia has a population of nearly one billion people, over half the world's total ; being aware of the diversity of opportunities among the peoples, races and nations inhabiting that vast continent, and taking into consideration the multiplicity of languages that have acted as insuperable barriors to the communication of thought, we feel that we are not premature in sending out this preliminary notice nearly nine months in advance of the official announcement of the competition.

The keynote of The New History Society is *preparedness* !

The readiness is *all*.

We therefore consider that the work of promulgating the news of this coming competition should start *NOW*, with all earnestness, zeal, thoroughness and continuity ; and with this thought in mind we beg the Heads of the Governments of Asia to make announcement of it to their subjects.

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We ask the Ministers of Education, the Presidents and Principals of the universities and colleges, the Teachers of the schools, the Public Lecturers, the Spiritual Instructors of religions, to spread most widely the news of this intellectual contest throughout the length and breadth of Asia.

We request the Publishers, Editors and journalists of the monthly, weekly and daily magazines and newspapers of Asia to translate this announcement in their native languages and thus, in their own ways, communicate the news of it to the vast number of their readers and subscribers. In this manner the entire body of the YOTH of ASIA and the islands surrounding that continent will have opportunity to take cognizance of this competition and, at the proper time, address itself to the given subject.

And we especially request the publishers and Editors of the journals and newspapers of Asia to mail to our New York Office *marked copies* of any publications in which this announcement may appear, as we wish to preserve at our Headquarters as complete a record as possible of this Universal Campaign, not only for this time but for future times.

We enclose with this announcement leaflets of our literature as follows : "The Ideals of The New History Society", "The Nineteen Pearls", "What is The New History Society ?" and "The Voice of Youth."

Further information on the Asiatic Competition and other free literature of The New History Society will be supplied on request.

* * *

The Youth of the Western World has given answer to our deep and searching questions—such answer that shall inspire statesmen to plan and act for the larger welfare of their fellow-beings.

Now the Youth of the West is literally knocking at the door of the Youth of the East. It says :

"We have to the best of our ability given prescriptions for the *social* ills of mankind !

"Youth of the East !

"What prescriptions have you to offer for the *spiritual* ills of humanity ? You, the direct inheritors of the wisdom of Confucius, Lao-Tze, Krishna, Buddha, Zoroaster, Moses, Christ, Mohammad, Baha-U-Llah, and others !

"These illumined BEINGS in their own time and place gave utterance to mighty truths. But what have *you* to offer now to this New World, to this Now Humanity, so eager to learn yet so held in the iron grip of old traditions ; so willing to break the chains of dogmas and yet so perplexed ; so hopeful of the future and yet so cramped in the straight-jacket of limitations ; so impelled by the Great Spirit of the Universe and yet so bewildered ; so anxious to find the New Path to the Temple

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of Peace and Freedom and yet so lost in the wilderness of a decayed and bankrupt civilization ?

"Youth of Asia ! Again we Ask you : What have you to offer to save humanity from its present contradictions and set it moving toward LIFE, toward a New Land of Promise, toward a New Kingdom of Truth ?

"We the Youth of the West, beg you, our youthful comrades of the East, to come to our assistance, to give us a large, an overwhelming portion of your inspiration, of your spirituality, of your idealism, of your philosophy ! We wish to drink deeply at the fountains of your souls, to unite the rivers of our minds with the oceans of your spirits ! We are sick with the malady of separation ! We long for union !

"We, the Youth of the West, having given birth to our hopes and aspirations, are now awaiting the expression of yours. We feel assured that, as a result of the comparison and of the synthesis of your thoughts with ours, something great and glorious, something beneficial and permanent for the good of ALL OF US will come about."

Youth of Asia !

The challenge is thrown !

Will you take it up ?

Will you step forward upon the arena of opportunity and contribute a universal, an energizing, a concrete and constructive PLAN for the spiritual rehabilitation—for the religious unity of your brothers and sisters inhabiting this planet ?

Let the YOUTH OF ASIA SPEAK !

The word will listen !

* * *

The five points that should, *at this time*, stand out clear and definite, (nine months before the official announcement of the competition), are as follows :

1. There will be three prizes of $300, $200 and $100.

(Three hundred dollars, two hundred dollars and one hundred dollars—for the three best original Essays of not more than two thousand words.)

2. The subject of the Essay is :

"HOW CAN YOUTH CONTRIBUTE TO THE REALIZATION OF A UNIVERSAL RELIGION ?"

3. The competition will be open to the entire Youth of Asia and islands surrounding that continent—male and female—up to the age of thirty, regardless of their educational affiliations or qualifications. In other words : not as in the instances of the competitions offered in the United States, Europe and Latin

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America, when only students of the universities, colleges and schools were entitled to compete. At this time, *all*, having or having not educational advantages, are invited to take part.

4. As there are before us nine months in which to broadcast the news of this competition throughout Asia, no person should undertake the writing of his or her Essay unless he or she acquire the then printed copy of the CONDITIONS which shall contain additional details, the names of the Judges and the manner of proceeding in this complicated uudertaking. There are yet a number of knotty problems to be solved, but all of these will be fully decided long before July 1934 when the printed CONDITIONS will become available and will be mailed to different parts of the East.

5. We request the Heads of Governments, the Ministers of Education of the different States, the Presidents of Universities and Colleges, the Teachers of Schools, as well as all our well-wishers throughout ASIA to give us any suggestions that may come to their minds relative to the actual organization of this competition in different parts of Asia, and we ask them to send us at their first opportunity the addresses of such institutions and such people as will be interested in receivieg the official announcement bearing all the CONDITIONS.

* * *

The New History Society hereby begs to announce that, after the completion of its Asiatic Competition, it will organize in succession, similar international competitions among the Youth of Canada, Australia, New Zealand, Africa and the Island.

A Universal Competition to be offered to the YOUTH of the ENTIRE WORLD is scheduled to close this international campaign, which have been inaugurated in order to discover the opinion of the New Youth of our generation, and to present it to the leaders of the nations for action.

The consummation of this world wide campaign, according to our humble opinion, will constitute a significant prologue to the NEW HISTORY which shall be written by the children of a NEW HUMANITY, freed from the national, religious and racial prejudices of an old civilization.

THE NEW HISTORY SOCIETY
MIRZA AHMAD SOHRAB,
Director.

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APPLICATION BLANK.

(To be filled and mailed to)

THE NEW HISTORY SOCIETY,

132 East 65th Street, New York, N. Y. U. S. A.

I am interested in the forthcoming International Competition of The New History Society to be officially opened to the entire YOUTH of ASIA in July 1934 on the subject :

"HOW CAN YOUTH CONTRIBUTE TO THE REALIZATION OF A UNIVERSAL RELIGION ?"

Mail to me in July 1934.....copies of the printed conditions, stating the names of the Judges and other directions controlling the Competition :

NAME_____

ADDRESS_____

COUNTRY_____

Please write below any suggestions that may render this Asiatic Competition of greater spiritual vaule to the human race and make it known all over the East.

_____

_____

_____

_____

Indicate the names of a few influential and liberal leaders (with their addresses) of your *own* country and region whose co-operation in your opinion would promote the organization of this plan in your part of Asia.

_____

_____

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_____

General remarks :

_____

_____

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THE JOURNAL OF AYURVEDA

Vol. X.] February, 1934. [No. 8.

Ayurveda

Its Extent, Intensity and Universality.

BY

DR. M. R. SAMEY, Ph. D., M. D., KAVIRATNA.

——:o:——

"Indian Medicine dealt with the whole area of the Science."—*Sir William Hunter.*

Indian Medicine dealt with the whole area of the Science. It describes the structure of the body, its organs, ligaments, vessels and tissues. The Materia Medica of the Hindus embraces a vast collection of drugs belonging to the mineral, vegetable and animal kingdoms, many of which have now been adopted by European Physicians. Their Pharmacy contained ingeneous processes of preparations with elaborate directions for the administration and classification of medicine while much attention was devoted to Hygiene, Regimen of the body and diet.

Thus wrote Sir William Hunter.

When most countries of the world were merged in comparative darkness, the Indian Culture that glowed through the Vedas and Upanishads was carried from one country to another and dispelled their darkness. Thus we find that the great religions, moral, philosophic, medical and artistic culture of India spread on the West up to Alexandria, on the north up to Mongolia, on the North West up to the shores of the Caspian, on the

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East up to Japan, on the South East up to Java, Bali, Sumatra and other Islands, to Ceylon on the South and up to Madagasker on the South West. There is some such inwardness in the culture of India that even in the days of modern Science and of modern materialistic and progmatic ways of thinking, wise men of the West are often anxious and eager to listen to the wisdom of the wise men of India. The spirit of modern culture is efficiency, but it seems to be fairly acknowledged to-day that efficiency without control carries with it its own death-knell. It is here that the soft-whisperings of the soul of India through the rustling sound of its bamboo and cocoanut trees and thatched houses of its villages can be heard, which soften the hasty speed of a moderner and ask him to turn his ears to the lute of Krishna, calling from within the cavern of his heart, asking him to desist from all hostilities, from all greed and avarice and teaching him how best to gain his own self, by selflessness, self-abnegation and love. Its message is not that of a tooth for a tooth, or an eye for an eye, but enmity cannot cease by enmity

Mons. Leon Delbos read a paper on Vedas before the International Literary Association of Paris, on 14th July, 1884 with Victor Hugo in the chair, in which he stated :—

"The influence of that civilization worked out thousands of years ago in India is around us and about us every day of our lives. It pervades every corner of the civilized world. Go to America and you will find there as in Europe the influence of that civilization which originally came from the banks of the Ganges."

Manu enjoined :—

Ayurveda has carried out the glorious mandate of Manu—"Let mankind from different countries of the world acquire knowledge from the learned men born in this country."

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It is the fashion of modern medical men to decry Ayurveda as antiquated and stagnant and owe their allegiance to Western medicine which in turn bows to Greek Medicine as its foster parent. But the curtain thrown in front of the Picture of culture is Grecian. The very *Picture of Medical Culture is Indian.* To say that the curtain is the Picture and the curtain contains nothing behind is a myth and cannot convince any searching enquirer. The Greek curtain has been withdrawn and the Medical Picture is Indian. So modern medicine is the painted Picture of Indian Medicine delineated and finalled dexterously by European Masters and Scientific Doctors are lost in wonderment at the color effects of the painters. The Maya Bazar of Modern Medicine with its colossal Hotel Dieus and Hospitals of brick and mortar has confused and confounded the tyros of treatment turned out from the Medical Colleges yearly in their tens, hundreds and thousands and the Bizarre colored Picture of Indian Medicine painted in Europe and purveyed by the Stock-Brokers of Western knowledge has dazzled their vision to the original model still alive in India. It is like craving for insipid water when the stream of miik is flowing just in front of your house. Study Indian Medicine thoroughly and you will understand for yourself that the sooner you get off the syren influence of the painted Picture the better for you. Hear what an eminent British Physician and Surgeon Dr. G. F. Walker says in an outspoken article in the Medical World about the New Teaching of Medicine of which you are so proud :—

Medical Education is a national menace. There is general agreement that senior students spend far too little time in the acquisition of a knowledge of human emotions, conduct and behavior.

They get a very skimpy and scrappy presentation of the real problems of personal and family health which daily beset their future patients.

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They get no guidance whatever as to the processes whereby desease and decay gain an inroad into the human body, nor of the bulworks against and impediments to these processes.

If any knowledge of drugs is imparted to them, it is usually of a singularly impracticable nature.

As for a knowledge of food stuffs and diet, the senior students' ignorance of this branch of biology would be laughable were it not a national menace.

The whole structure of knowledge in Anatomy and Physiology needs ruthless attack with pick-axe and dynamite.

The most devastating commentary I know on modern Anatomical Teaching is provided by the medical student when he arrives at the wards of a hospital fresh form his anatomical studies.

When confronted by a patient and wishing to apply his anatomical lore he is inches out in locating the stomach.

My own conviction is that the study of human Physiology by way of experiments on animals is the most grotesque and fantastic error ever committed in the whole range of human intellectual activity.

Like all such errors it is defended by its adherents either by an arrogant or muddle-headed fanaticism or a cantankerous petulence.

Yet these are presented to the students as an altruistic and open-minded zeal for truth.

The falt is that most students, though they do not realize it, are intellectually crippled for life if once they are persuaded to take more than a perfunctory interest in Physiology as taught in the normal medical curriculum."

Dr. Walker says that if students are persuaded to take more than a perfunctory interest in Physiology as

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taught in the formal medical curriculum they are intellectually crippled for life. If this is said of Physiology, the boasted pillar of modern Medicine, no wonder that products of modern medical schools and colleges are crippled for life to take an effective interest in Ayurveda, whose study of Human Physiology is not carried by way of experiments on animals which is the most grotesque and fantastic error in the whole range of human intellectual activity.

Ayurveda has based its physiological studies on man only and not animals. There is ample knowledge of drugs and their application based on centuries of clinical experience carried on human beings.

Ayurvedic knowledge of Food Stuffs and Diet is copious and complete and anybody, who cares, may gain tons of knowledge by a perusal of *Ahara Vijnana Kandas* of Ayurveda.

After this Lurid Light on Medical Education in Britain flashed by one of its most eminent and erudite Experts, why be dazzled blind and admit the claim of "these Doctors" whose whole medical Education is dreaded and despaired of as a "National Menace" in their own country, worthy of being segregated, isolated and disinfected to mend if possible or end by Fumigation and Incineration to ward off calamitous contagion? The menace is not only national, but international, being an "*Intellectual International Menace*" as well. It is a case of the blind demanding that they shall differentiate the colors for the benefit of the non-blind. Ayurveda has given us eyes and we are not color-blind.

The superficiality of western medical knowledge as imparted to the physicians trained in the west, and those trained by them in the official medical colleges here is laid threadbare by the eminent English Physician and surgeon Dr. Walker and I need not dwell on the

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intensity of Ayurvedic Culture which has probed *kshetrajnana* through *Kshetra* and Kshetra through *kshetrajnana*, Body and Soul and Soul and Body, and deals with *Prakriti* and Purusha and organic and cosmic Evolution. It is a recondite subject, well worthy of philosophers and savants and those primogenitors of Ayurveda who comunicated "Scientific Cures" for maladies of Mind, Body and Speech as in the *"Institutes of Patanjali"* in Yoga Philosophy and Ayurveda.

Having said so much on its extent, intensity and universality, I cannot refrain from uttering a topical hint to my Ayurvedic comrades that all is not well in the state of Denmark.

When the national culture of a country is growing, the sky and the wind of the outer world then becomes necessary for its development. We weave a circle round one particular spot and build up our household there, but the illimitable sky, the all pervading wind, the resplendent sun, moon and stars tend to bring us every moment out of this charmed circle and they do not leave us off a minute.

This external world cannot be avoided, its influence is beneficial and necessary for the nourishment of both body and soul. We must take freely and give freely. We will get no *pandits* if we remain cribbled, cabinned, and confined in our closed up chambers harping on our own tones and tunes. We must freely throw open the doors and the windows of our chambers and invite the light and wind of the outside world to increase our vitality. Otherwise through suffocation, our death is certain.

Dr. Wise gave a rude shock to the Hellenic enthusiasts, who had dogmatically theorised that Greece was the beginning of all things in medical History, since he dared to hazard the opinion that Greece and Egypt

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are the learners and not the teachers. Dr. Wise puts it admirably :—

"Asia can benevolently give, but it does not need to borrow ; its ideas and fantasies are as exuberant as its vegetation."

You have plenty to give and you have given in plenty in the past. Continue to give in your plenty as heretofore and receive as your well deserved dividends the polished products of the outside world too.

Let not the superfine spirit of Charity and Toleration that is Indian be tarnished by the exotic incubus of gross materialism that is slaying the souls of Nations, Professions, Callings and Avocations, "*Branded Poor*" though we be by discarding the "Siren of Selfishness". Remember India's Scale to measure her opulence :—

"Seek not, in Mammon's worship, pleasure,
But find your richest, dearest treasure,
In books, friends, music, polished leisure,
The mind, not sense
Make the sole scale by which to measure
"Your opulence"
and keep Hindusthan
"Beautiful for Ever"

—*Horace Smith.*

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Original Articles

IMPROPER DIETARY & INFANT MORTALITY

BY

KAVIRAJ A. C. KAVIRATNA

Calcutta.

Those who have been associated with the statistics of infant mortality in India must have been horrified to mark the high infant mortality prevalent in the country to the utter dismay of the national assets of the country. Various devises are now being attempted to improve the antinatal care consisting of fresh air, sun shine, hygienic measures, physical exercises, etc. by various local organisations and maternity bodies which are, indeed, an encouraging sign and these organisations should have the support and patronage from each pros and cons of the country. But there seems to have been much less attention paid in respect of feeding the babies and selection of foods. Only taking care and formulating scheme to advance and develop healthy birth of babies could hardly suffice for the welfare of new-borns or prevention of their premature or untimely death unless sufficient attention is given to the management of suitable diets for the babies. Admitting there are numerous causes attributable to the deplorable percentage of infant mortality in the Country, the writer, in his practice, had many occasion to observe that the ignorance of nurture and injudicious diet are chiefly responsible for the heavy infant mortality in the country, specially among the so called middle class of the Society. Nature provides the baby with proper diet in mother's breast long before its birth so that it may not have any difficulty for its drink and nourishment to develop into healthy childhood.

The multiplicity of the Western civilization having made an in-road into the East, the indolence and tendency to lead a luxurious and artificial living is rapidly growing in the land where nature's supply is affluence. The unexcusable habit of the expectant mother and her disliking to feed the breast to her baby in apprehension of losing the womanly beauty has been eating up the fountain source of the country's national assets and on the other hand foreign designing Manufactures

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taking advantange of the weakness of the people are exporting tons of bottled substitutes for mother's milk with high sounding advertisements written and displayed in various ways to entice the credulous people to freely use these in preference to fresh mammal milk, shoti, or sago etc., so abandant in the country and that too at a comparatively much cheaper rate.

Comparative Tables of analysis of the food commonly given to the babies are appended below and these will give clear conception of the superiority of the mother's milk.

It would be sinful to put the babies on patent foods when its mother is in a position to perform her motherly duty of feeding her baby breast milk. The medical men, of course, know well that patent foods are inferior to breast milk but still for fashion's sake they very often advise their clients this or that patent preparation. It is certainly sinful on the part of medical men to act against the dictates of their conscience and criminal from the point of irrepairable damage done to the innocent baby. There are advocates of bottle substitutes for mother's milk, who are very often heard to say that patent milk could be used without harmful effect when fresh and unadulterated mammal milk is not available, mother becoming sick for some reason or other, but the knowledge of these advocates in respect of the ingredients of the preparations and their action is nil or nothing more than what they gathered from the accompanying literature supplied by the Manufacturers themselves to push their product up in the market.

In the pages of history we find exemplary strong and stout heroes, who never took a single bottle of bottled milk in their infancy, but still they had not suffered in the least nor they had any chance of creating toxic effect in the stomach.

To avoid giving breast milk, mothers of babies prefer their babies to be fed on cow's milk or some other artificial milk with feeding bottles or with spoon and the process is apt to overfeed the baby and this forced feeding deranges the liver and results in impaired digestion, diarrhœa, infantile liver, loss of appetite, rickets etc.

Mohamedans are in the habit of putting their babies on raw cow's milk and there is less percentage of infantile liver in that community. Dr. Nundy made experiments of raw cow's milk on guinea pigs and the result of his experiments proved that the guinea pigs, which were kept on raw milk, did better than those

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on boiled milk. The result would go to support the theory of Vitamine which deteriorates or dis-appears from the boiled food or drink.

Besides one would find higher percentage of liver troubles with the infants fed on food, foreign to the land, but on the contrary one would come accross with very few cases of infantile liver keeping on mother's milk alone.

Sago, barley etc. are rich in Carbohydrates (starch) and these should not be given to babies before they cut their teeth. Carbohydrate is not properly assimilated without saliva, the secretion of which is defficient before dentition.

Cow's milk is generally adulterated with barley or other carbohydrates which would not be tolerated to the infantile stomach and its long continuity would make the liver torpid and give rise to many trouble-some complications. Cow's milk is ampoteric in reaction, slighly acid or alkaline or nutral, rich in fat and protein and there is less percentage of Lactose and as such it should be diluted with water, mixed with lactose to increase the quantity of lactose and diminish the quantity of fat and at the same time lime water or Sodi citrate should be added to turn the reaction to alkaline and prevent curdling and coagulation in the stomach by converting soluble lime salt into insoluble calcium citrate.

The additions may likely alter the original properties of milk to some extent and as such it would not be as efficient as mother's milk, due to defficiency of vitamine and immunological properties of breast milk. Cow's milk carries bacilli of Tuberculosis and could not safely be administered unless thoroughly boiled and the process of heating makes the milk defficient in vitamine.

Goat's milk is preferable to cow's milk and it is easily digestible although it contains a little high percentage of protein, but the protein in goat's milk does not clot so hard as that of cow's milk and this being the case, goat's milk may be preferable to that of cow's. Quantity of fat is also a bit higher than that of Cow's and this would well be reduced by adding a little quantity of water in order to suit the liver in case it is found torpid. The goat being immmune to tuberculosis, her milk could be given unboiled without any risk of infecting the baby with Tuberculosis. The goat is the only animal among the quadrupeds that are immune to Tuberculosis, so her milk could safely be given to

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babies in raw form and thereby the original properties of vitamine are not interfered with.

The Ayurveda says that the goat drinks less, walks more, possesses short physique and as such her milk is antidote to all diseases ; vide sloka below :—

अजानामल्पकायत्वात् कटु तिक्तादि सेवनात्

स्तोकाम्बुपानाद्व्यायामात् सर्व्वरोगापहरं पयः ।

From the statistics it is seen that Britain is encouraging the drink of goats' milk to improve the health of her children. Twenty years hence Britain used to consume only 2,000000 gallons of goats' milk while the figure swelled up to 12,000000 gallons in course of only six years but to-day the figure reached to 20,000000 gallons. Drinking of goats' milk should be encouraged in India too. India is a poorer country, the Goat is, indeed, the poor man's cow and sufficient milk could be had with but little expense if every household is made to understand the utility of her milk in health and diseases.

Goat's milk is a valuable drink for "babies" in infantile diseases on account of the properties described below :—

1, Rich in Vitamine and Calcium Salt.
2. More easily digestible than Cow's or Buffalow's milk.
3. Destroys tubercle Bacilli.
4. Regulates liver.
5. Highly useful in diarrhœa, gastralgia and bilious troubles.
6. Beneficial in Phthisis, Bronchitis, Asthma and Hæmoptysis.
7. It is a tonic of choice for lungs and heart.
8. It promotes appetite and digestion and invigorates the system.
9. It is invaluable in rickets of children.
10. It is a safe and useful drink in sluggish liver and irritative stomach where cow's milk is not tolerated.

Ass's milk is very nearer to mother's milk and that is why very encouraging results are obtained by prescribing ass's milk to babies suffering from sluggish liver and rickets. The result is dependant specially on the presence of less fat in the milk. This milk could be given safely with wonderful result in advanced cases of liver derangement. Only disadvantage with this milk is that it deteriorates if allowed to remain for some time but this could be done away with by putting in some Sodi-Bicarb. Asses' milk is not always available while mothers'

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milk is not so—mother getting sick for some reason or other —baby should be fed breast milk from other females free from diseases, provided her supply is enough for her own baby.

In regard to Ass's milk, Ayurveda says that it is rich in salts, delicious and slighly acid and saltish in taste, promotes appetite, digestion. It is of great service in Asthma, Cough, and in diseases due to deranged Vayu and Kapha and its value could hardly be over-estimated in the diseases of children.

श्वासवातहरं साम्लं लवणं रूचिदीप्तिकृत्
कफकासहरं बालरोगघ्नं गर्दभौपयः।

	Protein.	*Fat.*	*Carbohydrate.*	*Salt.*	*Water.*
Breast Milk ...	2·9	2·9	5·87	·46	88·9
Cows' Milk ...	4·9	3·7	4·5	·65	86·65
Goats' Milk ...	3·57	4·7	5·5	·55	87·5
Asses' Milk ...	1·79	1·02	5·5	·42	91%
Buffalows' Milk ...	4·4	9·0	4·8	·8	81%

The virtues of cows, milk, as has been described in Ayurveda, are given below from which it would be easily understood that there is hardly any effective substitute to replace milk in human Dietary. Ayurveda says :—

"गव्यं दुग्धं विशेषेण मधुरं रसपाकयोः
शीतलं स्तन्यकृत् स्निग्धं वातपित्तास्रनाशनम्।
दोषधातुमलस्रोतः किञ्चित् क्लेदकरं गुरू
जरासमस्तरोगाणां शान्तिकृत् सेविनां सदा।"

Cow's milk is sweet to taste and ampoteric in reaction, lactogogue, cooling, soothing, anti-Vataja, antacid and helps elimination of waste products from the system, composed of Dosha, Dhatus, Mala etc. Daily regular drink of milk establishes perfect equilibrium of health and enhances the power of immunity in the system to keep the diseases at bay. Moreover, Ayurveda adds that its continual and systematic drink serves as an emolient to the internal organs of the human frame, makes up the loss of energy, vitalises the innerself, increases the quantity of semen and retentive power and prolongs the existence of life. It is invaluable in anaemia, burning sensation, thirst, heart troubles, colic, tumour, piles, hæmoptysis, and in threatened abortion. Its beneficial effect in old age, childhood and decay resulting from abuses of sexual excesses have been universaly admitted. The sloka runs as under :—

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सद्यः शुक्रकरं शीतं सात्म्यं सर्व्वशरीरिणाम्
जीवनं बृंहणं वल्यं मेध्यं बाजिकरं परम्
वयःस्थापकमायुष्यं सन्धिकारि रसायणम्
विवेककान्तिवस्तीनां तुल्यमोजोविवर्द्धनम्
जीर्णज्वरे मनोरोगे शोषमूर्च्छाभ्रमेषु च।
ग्रहण्यां पाण्डुरोगे च दाहे हृषि हृदामये
रक्तपित्तेऽतिसारे च योनिरोगे श्रमे क्लमे।
गर्भस्रावे च सततं हितं सुनिरवैः स्मृतम्
बालवृद्ध क्षतक्षीणाः क्षुद्व्यवायक्लशाश्च ये
तेभ्यः सदातिशयितं हितमेतदुदाहृतम्॥

Milk from cows of black colour is more beneficial to health than from yellow coloured cow while the milk from white variety is difficult to digest and excites Kapha in the system but red coloured or spotted cow's milk could be used with advantage in derangement of Vayu.

The newly delivered cow's milk and the milk from cows having lost their calves would excite Vata, Pitta and Kapha. So milk from such cows should be discarded.

बालवत्स्य विवत्सानां गवां दुग्धं विदोषकृत्।

From the above it is seen that virtue of milk varies according to the colour of the cows and that calf-less cow's milk is extremely dangerous to human health and in towns, milk-men generally dispose of the calves at a higher price and cut down their establishment of feeding to add to their profiteering bargain and supply milk to the residents only from calfless cows and that too by *phooka* process from these poor calf-less cows.

The foreign products are devoid of active principle of vitamine and the boiled milk lose much of its Vitamine due to heating. Cows are said to carry through milk the germ of tuberculosis and as such it could not be used without considerable risk unless the same is well boiled. It is thus seen that these could not be accepted as suitable diet for the babies for their healthy growth and normal nourishment. Forcing baby on these products would mean to them to undergo malnutrition.

The goat is the only animal among the quadrupeds that is free from Tuberculosis on account of its special immunity to disease and her milk could be given in unboiled form to the baby where mother's milk is to be supplemented for some

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reason or other, but the best course in such cases would be to put the baby on asses' milk, if procurable.

Cows' milk must be boiled before use, otherwise there is risk of the consumers being infected with Tuberculosis, while it being boiled would reduce the active principle of the vitamine content to a considerable extent ; so the same would not serve the purpose efficiently.

Besides, the long continuity of cow's milk, if not diluted with water adding Lime water, would give rise to indigestion in the baby due to excess of fat and protein and also curdling and coagulating nature of the milk. Cows' milk has a tendency to curdling to large pieces and this curdling to large pieces is counteracted to some extent by adding lime water or sodi citrate and makes the milk digestible. Hence cow's milk when given to babies must be diluted with water and added the required quantity of lime water.

The pure and healthy breast milk is rather cold to touch and does not turn to any other pigmentation but white when dipped in water, nor any trace of fibrous segmentation is vissible in the mixture.

तव माता प्रशस्ताङ्गी चारूवस्त्रा पुरोमुखी
उपविश्यासने सम्यग दक्षिणं स्तनमम्बुना
प्रक्षाल्येष्यत् परिस्रव्य मन्त्राभ्यामभिमन्त्रितम्
उदङ्मुखं शिशुं क्रोड़े शनै स्तन्यार्थी पाययेत्
मातेत्युपलक्षणम् धात्री च ईषत्परिस्राव्य ।

In regard to breast milk, Ayurveda observes that her milk is just the drink for the baby to grow and nourish without the least apprehention of getting the system poisoned, rather its drink increases the immunity in the baby to resist foreign infection to a greater extent which could not be had from any other substituted milk. Ayurveda says :—

नार्य्या लघु पयः शीतं दीपनं वातपित्तजित् ।
चक्षुःशूलाभिघातघ्नं नश्याश्चेतनयोर्वरम् ॥

Breast milk is lightest and easiest to digest, promotes appetite, propitiates the deranged Vayu and Pitta and removes diseases of eyes. This milk is a first class lotion for the eyes of the babies. Most of the infant eye troubles could be successfully treated by the application of breast milk alone.

(To be continued.)

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ON *SATTVA, RAJAS* AND *TAMAS* IN THE OLD INDIAN MEDICINE.

BY

REINHOLD F. G. MULLER.

The expressions in the title are well known from the *Sāṃkhya* as the three constituents (*guṇa*) of matter. An etymological explanation of goodness, passion and darkness, as also mentioned by GARBE in his "Sāṃkhya Philosophie" *274* (he justifiably declines an actual one in *231*), shows psychological expansions. But the use of technical terms of philosophy might cause surprise in the field of Indian medical doctrines, which are closely connected with the Vedas by their name *āyurveda*, the knowledge of [long] life, and also demonstrate this tendency practically. Referring to the work of GARBE quoted, however, JOLLY emphasises in his "Medicin" *45*, that the philosophy of the medical authors is essentially that of the Sāṃkhya system, as it is also characteristic that Punarvasu in the Caraka Saṃhitā 1,13, surrounded by adherents of this philosophy (*sāṃkhya*), expounds his instructions.

These adherents of JOLLY must be those, who are enumerated in the beginning of the *Caraka Saṃhitā* (abreviated *CaS*; quoted : editio Lahore 1929) and again mentioned in the *Bhāvaprakāśa*. Among these, one, *Gautama*, is spoken as being a *sāṃkhya*. As only 28 of the 51 names of the *CaS* beginning agree with those of the *Mahābhārata* (*MBh*) XII, *Gautama* is probably the same in the two traditions. But even in the principal references *MBh* XII, *9484 ff.* and *13205* the epithet *sāṃkhya*, as emphasised by *CaS*, is not proved. *Gaṅgādhara* comments here : *gautamaḥ sāṃkhya iti bauddhaviśeṣagautamavyavṛttaye sāṃkhya iti*, he makes therefore a distinction between the Buddhist *Gautama* and the *sāṃkhya*. Hence the last word, in such contrast, must refer to a celebrated "philosopher" like the chief teacher of the *Nyāya* system, to which a relationship can be proved a little later, in *CaS sūtra* 1,*47 ff.* At all events the above can be so applied, that the expression *sāṃkhya* is still employed in the recent past without limitation to a separate system. Of course the opinion of JOLLY is not refuted by this : for not only the Petersburger Wörterbuch supports this explanation, but GANGULI also, in his "English Translation of

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Charaka—Samhita" by [titulary] Chandra Kaviratna. On the other hand *saṃkhya* (and words derived from it) is not infrequently used in the literal meaning of numerating or calculating etc. in the *Cas*-texts. And in *CaS sūtra* 13,3 those word-forms are employed three times one after another : *sāṃkhyaiḥ saṃkhyātasaṃkhyeyaiḥ sahāsīnaṃ punarvasum*, the literal meaning can be esteemed as natural, viz. *Punarvasu* was sitting with calculators, by whom that, which must be calculated, was calculated. And hereunder, the facts are discussed according to their origin, effects, application (e. g. 24 ways in *25*) or combinations by the 6 *rasa*-doctrines of 63 or 64 forms—in this case (*27*), the expression *saṃkhya* also being used in the above meaning. The general therapeutic doses of fats are attached and also some special dosed recipes (*89 ff.*), which is seldom to be observed in old parts of texts. Therefore the literal meaning of *saṃkhya*, i. e. here dose (=*mātrā*, as in *CaS cikitsā* 3, *264*, according to a special reference), is proved by such medical and pharmacological contents, but not at all by philosophy.

The second information from JOLLY for the influence of *Sāṃkhya* on medicine is founded in the *Suśruta Saṃhita* (*SuS*; editio Bombay 1931), *śārīra* 1. And this reference is doubtless correctly for a classical form of this philosophy, as of the commentated *Kārikā* of *Īśvarakṛṣṇa*, which is guaranteed by the Chinese translation of 560 A. D. and is to be dated later than the redaction of *MBh*, as evident hereunder. Concerning the temporal value of this philosophical programme in *SuS*, it is remarkable that the old comprehensive collections of Indian medical science must have been established approximately in the middle of the first millennium A. D. (cf. JRAS. 1932, *789-814*). But the text continuance of the old traditions, e. g. *CaS* or *SuS*, is first guaranteed by the commentations at the beginning of the present millennium. Incidental additions or supplements must be considered in the frequent composed texts (for instance WINTERNITZ-Festschrift on the first chapter of *SuS*). The *Sāṃkhya* sketch in *SuS* is clearly finished in *śārīra* 1, *22* as opposed to the following medical parts. For the temporal determination, the *Vāgbhaṭa* traditions can be used, for these have an accurate connection with *SuS* according to the arrangement of the contents of the *āyurveda*, as explained by JOLLY in JRAS, 1907, *172-5*. The lack or loss of a *Sāṃkhya* programme in the *Vāgbhaṭa*'s instructions consequent upon a Buddhist colouring (cf.

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CORDIER, J. A. 1901, *197-181*) is already improbable owing to the omission of those influences in *śārīra*, which besides shows other philosophical symptoms. The additional presentation in *SuS* is also fixed by the arrangement of the contents. *Vāgbhaṭa* begins with semen, menstrual blood and the descent of the germ in accordance with *SuS śārīra* 2 ff.

The embryological theories mentioned appear in *CaS śārīra* in and after 2, but are in contrast with *SuS* nearly connected with philosophical discussions (cf.also *sūtra* 11), which extend into the 6th *adhāya* of eight of this *sthāna*. This part of *CaS* seems therefore perhaps as specialised philosophical tradition, if the naming *Ātreyatantra* by GUNARATNA (14th century) concerns it. Differences and controversies of the text indicate to an extent a higher age, also in consequence of its relation to *sāṃkhya* and *yoga*. The importance of the last is underlined by *Cakrapāṇidatta* in the beginning of his commentations ; he appeals to the *Mahābhāṣya* of the doctrines of the *Yoga* teacher *Patañjali* in worship of the serpent deity *Ahipati*, who is said to have been embodied as *Śeṣa* in *Caraka* (cf.*Bhāvaprakāśa* 1, 57).

The association of *sāṃkhya* and *yoga*, mentioned probably for the first time and only once in the *Arthaśāstra* of *Kauṭilya*, is chiefly founded in the philosophical parts of *MBh*, which are inserted into the redaction of that great epos shortly before, in the first half-millennium. GANGULI, who has also translated the *MBh* [titulary : by Roy] has already observed the relation between *MBh* and *CaS*. In this way he frequently represents those relations as Hindu philosophy and not as *Sāṃkhya*. DASGUPTA, in his "History of Indian Philosophy" 1,*213 ff.*, has marked this form, and especially the doctrines of *Pañcaśikha* in *MBh* XII, *7886 ff.*, as "An Early School of Saṃkhya". On the contrary GARBE, as well known, claims a very great age for the distinctive doctrines of *Sāṃkhya*, those of the mythical *Kapila*. Relying on JACOBI and WINTERNITZ, he considers the philosophies of *MBh* of the 5th century as degenerated modifications of the real old *Sāṃhhya*. This historical difference is only mentioned here but not discussed because the later deductions are not immediately touched on. The state of affairs in *MBh* is here taken without genetic analysis, simply as it is offered in the text : a philosophical development—not very much expanded as general fundamental ideas of life and world, sometimes connected with *Vedānta* and also with religious colouring,

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especially for deliverance from suffering, as rebirths etc. The expression *sāṃkhya* often points in a theoretical direction, *yoga* in in a more practical one of reflections, but as is perceptible (e. g. VI, *1039*), without separation from one another. This theory of liberation from pains also includes bodily pain, and in this respect a certain medical experience is not infrequently evident, being most impressive in the arrangement of *sāṃkhya*, *yoga*, *āyurveda* (XII, *13137*) ; the last is professional medicine as opposed to the *Atharvaveda*, above mentioned. Therefore the physician need not always have been the receiving party in those times, which approach the cradle of scientific medicine but do not yet separate the singular disciplines of sciences. In this connection the particular name *sāṃkhya* can hardly be limited to a peculiar system, the proper name of which only coming into being at a later date, as for instance the general logical expression *ānvīkṣikī* became the name of the *Nyāya* system in the middle ages. Also the compositions of the old medical traditions do not guarantee conclusions, as derived by STRAUSS in "Aus Indiens Kultur" *90*. On the other hand not only the early philosophical forms of *MBh* have influenced the old physicians. The *Nyāya* expositions in *CaS*, which enlarge upon the important prescriptions of the medical studies, are well knowm (also in the case of *nigrahasthāna* in *vimāna* 8, *6,19/57*, which is contested by DASGUPTA 1,*302*). But inspite of the inquiries of this Indian scholar, the situation of philosophical influences and proper development in medical theories have not been finally examined, e. g. at least the influences of the direct succession *Veda-Upaniṣad-Vedānta*.

The above sketch is to serve to establish the value of *sāṃkhya* for this special theme of a short inquiry, and not as a survey for a universal back ground. For it, special propaedeutics must be referred to, as e. g. "Indische Philosophie" by STRAUSS. In the following, the technical terms are translated approximately or customarily, inasmuch as some are not determined subsequent to the mention of the theme. His material is very dispersed in the medical texts, some special treatises excepted, so that an exhaustive use is not reasonable. Even in the essential points of views as well not every question, which concerns a special medical inquiry, or relates to non-medical traditions, cannot be pursued.

In the younger text of *SuS śārīra* 1, the situation is as follows. *Puruṣa*, man, here corresponding approximately to an idea of soul, is contrasted with the primary matter (*prakṛti*). The last evolves

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into the Great (*mahat*, sc. *ātman*), elsewhere also called *buddhi* (understanding), and thereon into the I-maker (*ahaṃkāra*). The continued development is split into two systematic groups. The one is composed of the 5 sense functions of understanding (*buddhi-indriya*) and the 5 sense functions of action (*karma-indriya*) ; both are subordinated to the attached thinking (*manas*). The other group is composed of the 5 fine ingredients (*tanmātra*) and of the 5 so called elements (*bhūta*). The primary matter is constituted as yet unevolved (*avayakta*), by the 3 *guṇas*, and these cause the development of the above described materials, of the 24 *tattvas*. In *SuS* one *guṇa* does not predominate over the others until the division after *ahaṃkāra*. Here the group of *indriyas* is based on the derivation (*vaikārika*) of *sattva*, and *tamas* becomes the first or origin of the *bhūtas* (*bhūtādi*). *Rajas* as burning (*taijasa*) influences both sides. The following scheme presents a view : (See page 300)

According to the disposition in *SuS* the group of *bhūtas* should be related only to *rajas* and *tamas*. But at least the final observation itself undermines the above emphasised doctrines; cf. the following table :

		ākāśa space	*vāyu* wind	*agni* fire	*āpas* water	*pṛthivī* earth
Sattva	...	+		+	+	
Rajas	...		+	+		
Tamas	...				+	+

The participation of all the 3 *guṇas* in the *bhūtas* is here not a singular accidental observation, for it is also evident e. g. by the *Aṣṭāṅgasaṃgraha* in the beginning of *śārīra* 5. Furthermore, another declaration is very remarkable ; *SuS śārira* 1,*13-14* says on two occasions, that the concerns of the physicians (*cikitsita*) and professional medicine (*āyurveda*) are restricted to the groups of *bhūtas* and *indriyas*. And this prescription is also recognisable in *CaS*. No doubt there are extensive treatises, e. g. about *puraṣa* (in a different meaning from that in *SuS*), the above mentioned *sāṃkhya-yoga* doctrines etc. In scientific and practical relation, the *bhūta* doctrine stands more than once in the foreground of medical expositions as in *śārira* 1, *14*, 4,*6*, 5, *5-6*, 6,*4*. The *bhūtas* or *mahabhūtas* are also named *dhātus*, i. e. a designation, which expresses a kind of metamorphosis in Indian physiology (cf. Sudhoffs Archiv 1934). And this circumstance touches the original meaning of the *mahābhūtas* and their derivation in and

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from the universe : lighting (fire), rain (water), wind, earth and the to-, between-, etc. radiation, relating to space. According to the old Aryan ideas they are all fires ; and this comprehension was still familiar to the old Indian physicians, e. g. *CaS cikitsā* 15, *11* proves, where the 5 *bhūtas* are named 5 fires (*'pañcoṣmāṇaḥ'*). As the 6th *ḍhātu*, the *cetanā* follows. This corresponds in arrangement and also in a certaing meaning to the *manas* (cf. his place in the scheme p. *7*, *15*, annotated by [*C*]. In *CaS śārīra* 4, *8*, the *cetanā* conveys 29 highest mental functions, and in 5, *6 brahman* (cf. *Yajñavalkya-dharmaśāstra* 3, *72*). Physiologically *cetanā* is connected with radiation (also etymologically, cf. UHLENBECK *93*) ; and *brahman* is originally a fire, as proved by HERTEL (Indogerman Forschungen XLI, *185 ff.*), who has cleared up the old fire doctrine (cf. Ind.-Iran. Quell. u. Forschg. VI ff. and Abhandlg. phil.-hist. KI. Sächs. Akadem. Wiss. 1929, 1930). *Cetanā* and similar expressions, as later and otherwise recognisable, certainly became technical terms, but the contents of the text shows that the original meaning was not forgotten.

Besides incidental mentionings of senses, *CaS sūtra* 8 offers a special essay, according to preface and kolophon. Their exposition, n. b. not so clumsy nor so unarranged as in *SuS śārīra* 1, comprises 5 fivefold groups (*pañcapañcaka*), unusual in the later classical system of *Sāṃkhya*. They are the 5 senses (*indriya*), the 5 *indriya-dravyas* (corresponding to the *bhūtas*), the 5 *indriya-adhiṣṭhānas* (the stand-points of senses), the 5 *indriya-arthas* (the purposes, corresponding to the *tanmātras*) and the 5 *indriya-buddhis*. And to those, *sattva* and *ātman* are attached. If *sattva*, *rajas*, *tamas* are mentioned e.g. in *5*, the addition of *sattva* to the systems of senses shows here that the 3 *guṇas* do not originally belong to the contents of this text. *Ātman* can perhaps be considered from a *Upaniṣad* perspective. *Sattva* is defined in *4* : the uppermost sense (*ati-indriya*) is *manas*, which is also called *sattva*, some name it *cetas*.

From a retrospect, *sattva* seems isolated out of the order of the 3 *guṇas*. But it is doubtful, whether this separation has really subsequently taken place out of a previously existing aggregate of three, which indeed is also demonstrable in medical texts, especially in later ones of the *SuS*. The expression of the same meaning *cetas*, or similar ones, lay claim to great age, because it is employed in 3 systems, Buddhism, Vedānta and Yoga, certainly taken over into *CaS* from the last. The general

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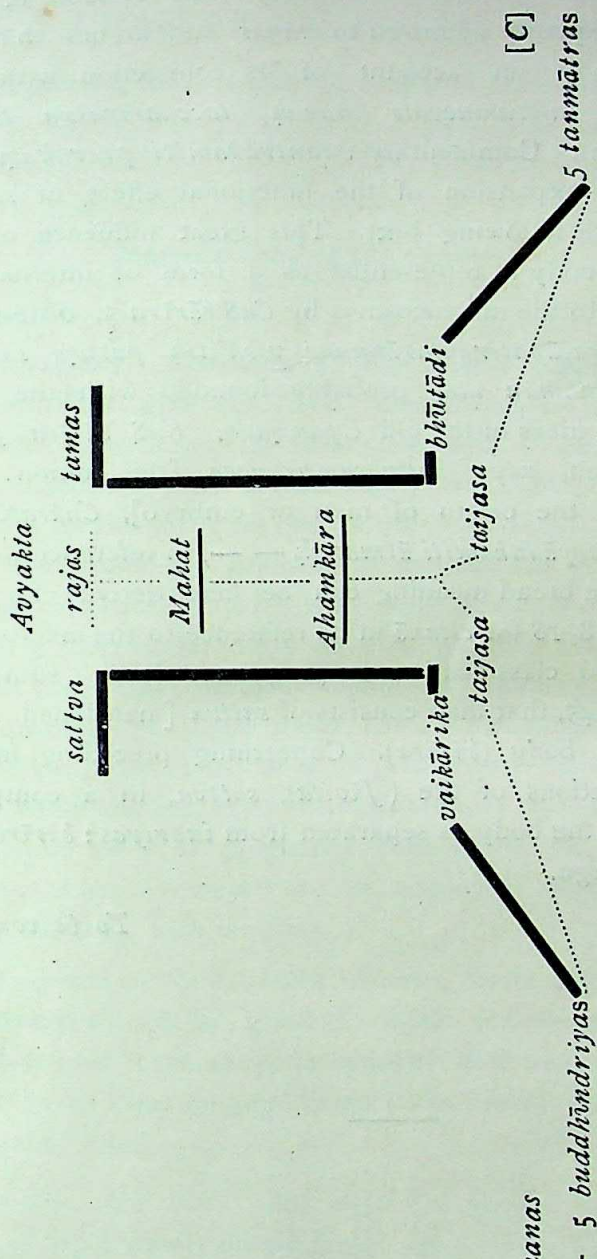

[C]

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situation is demonstrated by JACOBI in his treatise "Uber das ursprüngliche Yogasystem" St. 36. Preuss. Ak. W. phil.-hist. KL. 1929-587 (cf. also Index for connected terms l. c. 1930). *Sattva* has also sometimes been proved by a likeness in *SuS*, e.g. *sūtra* 45, *206*, as it often has been in *CaS*. *CaS vimāna* 8, *14,7|16* reiterates the equality of *sattva* to *manas* and argues that *sattva* rules the body on account of its connection with *ātman* (*sattvataśceti, sattvamucyate manaḥ, taccharīrasya tantrakamātmasaṃyogat.* Commentary : *tantrakamiti prerakaṃ dhārakaṃ ca*). The expansion of the functional effect of *sattva* is discussed in the following text. This great influence of *sattva* on the human body is represented as a form of internal *ātman* with reference to the macrocosmos by *CaS śārīra* 5, *6* (*brahmaṇo vibhūtirloke prajāpatirantarātmano vibhūtiḥ puruṣe sattvam*) ; *ātman* and *brahman* are probably founded with the original meaning in the ideas of the old *Upaniṣads*. *CaS śārīra* 3, *3*, in a text variation, says *sattvasaṃprayoga* [the union of all components of the origin of man or embryo], *Cakrapāṇidatta* comments : *aupapādukamiti ātmanaḥ* — —, in reference to *ātman*. Therefore a like broad meaning can be here derived for *sattva*, as is proved p. 8, *18* for *cetanā* in its reference to the macrocosmos. A physiological classification is programmatically summarised in *CaS sūtra* 1,*45*, that man consists of *sattva* [mentioned first of all], *ātman* and body (*śārīra*). Concerning preceding mentions (41) of the functions of life (*Jīvita*), *sattva*, in a composition beginning with the body, is separated from *indriyas* : *śarīrendriyasattvātmasaṃyoga.*

To be continued.

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GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

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(*Continued from our last issue*)

Management of the Puerperium.

Sushruta.—

Ist to 7th day.—The body of the mother should be anointed after parturition with the 'Sida carpinifolia' oil ; she should be treated both internally and externally with a decoction of *Vayu*-subduing drugs of 'Cedrus Deodara' group (Su.). If the lochia is normal, give her for *three days* a gruel prepared with the decoction of the drugs of 'Desmodium gangeticum' group, and mixed with ghee, or a gruel prepared with milk (Su.) ; if she is of delicate health, give this diet for three to five nights ; then give a diet of demulcent properties ; her body should be regularly washed with a copious quantity of warm water (Su.). Fomentations should be applied to the puerpera in cases of obstructed delivery unattended with any complications, after the extraction of the fœtus, and after parturition in cases of pregnancy running to its full course ; it should under no circumstances be employed before rubbing and softening the body with oil (Su.).

A strong and newly delivered woman, born and bread up in a forest country, should be given to drink for three to five nights either oil or ghee in an adequate quantity followed by a decoction of the drugs of 'Piper longum' group ; she should be daily anointed with oil, etc. (Su.).

A mother, *ten days after delivery*, should bathe in copious quantity of tepid water, should forego for a long time sexual intercourse, physical labour, and indulgence in irritable emotions (Su.).

From 7th day to 1½ months, she should take a meal of boiled 'Shali' rice and a broth made of the meats of wild animals, boiled with barley, *Ziziphus Jujuba*, and *Dolichos biflorus*. This regimen should be observed for one month and a half (Su.).

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After 1½ months, she may take any food she likes and revert to her natural mode of living ; some say that such a woman does not regain her natural stability till the re-appearance of healthy menstruation (Su.).

Charaka.—

(1) The mother should drink as much as she can of ghee, oil, fat, or marrow when she feels hungry ; (2) she should drink oil mixed with powder of *Piper Longum*, fruit and root, *Piper Chaba*, and dry ginger ; (3) apply to the abdomen ghee or oil, and tie it with a large cloth bandage ; *Vayu* thus finds no space to move about, and cause any disease ; (4) she should be bathed with hot water ; (5) then, after the oils have been digested, she should be given morning and evening, in suitable quantities, a gruel of rice boiled with *Piper longum* fruit, etc., and powder mentioned above ; (6) after five or seven nights of this regime, she should return to her usual and wholesome diet ; (7) her body should be rubbed with oils cooked with drugs of 'Bhautika,' 'Jivaniya,' 'Sweet,' and '*Vayu*-subduing' group ; and her body should be chafed with paste of these drugs ; (8) she should be bathed with a decoction of the same drugs, or she should take a hip-bath of the same, and use the same drugs in the food and drink. For, the Vital Forces of the mother are indeed depleted (Ch.).

During the growth of fœtus, the Root-Principles (Dhatu) in the woman's body are lessened and are unstable ; the labour pain, straining efforts, excessive discharge of blood and other matters, and the drying up of Humours reduce her body to a very enfeebled condition ; she should, therefore, be treated as mentioned above (Ch.).

On the 11th day the mother should take a ceremonial bath (Ch.).

Vagbhata.—

(1) Give to the delivered woman for the first two or three days of the puerperium, powder of *Piper longum*, root and fruit, *Piper Chaba*, and dry ginger in oil or ghee in a quantity that can be digested in 24 hours ; and follow it up with hot treacle water ; (2) give *Vayu*-subduing remedies ; thus *Vayu* remains normal ; if oleaginous remedies are contraindicated, give them without ghee or oil ; (3) massage the abdomen with ghee or oil and then tie it (Va.)

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When these remedies are digested then (4) bathe her and give conjee with the powder mentioned above ; (5) after another three days, give gruel of barley with drugs of 'Pueraria tuberosa' group, and plenty of milk ; (6) barley gruel with milk ; (7) after seven nights, giver her fattening diet ; (8) Fomentations should not be given in the Puerperium (Va.)

In case of premature parturition, there remains a quantity of mucus and vitiated lochia in the uterus ; give therefore stomachic and parching drugs to females after child-birth ; oleaginous medication is forbidden after premature parturition ; a host of maladies may occur, and may become serious or incurable ; after a period of days, draughts of oil or ghee should be given according to necessity (Su.).

THE CARE OF THE NEW-BORN CHILD :—See Pediatrics.

DISEASES OF THE NEW-BORN :—see Pediatrics.

HYGIENE & GENERAL CARE OF INFANTS :—See Pediatrics.

NUTRITION :—See Pediatrics.

PATHOLOGY OF THE OVUM :—

I. *Jarayudosha* (Disease of the Decidua or of the Amniotic Membrane).—This is a disease which the fœtus suffers from on account of derangement of the Amniotic Membrane (Sha.).

II. *Excessive Growth of the fœtus* (Pregnancy Œdemas).—The symptoms are anasarca, dropsy of the lower extremeties, and swelling of the abdomen (Su.)

Treatment :—Use proper cleansing and pacifying measures (Su.).

III. *The Blood-Mole*, and IV. *Abnormal Implantations of the Ovum* have already been mentioned under Tumours (*Rakta-Gulma*) in Gynæcology.

PATHOLOGY OF PREGNANCY :—

Diseases which ameliorate on treatment are cured with difficulty when they occur in pregnant women and in infants (Ch.). In case of a fatal disease, administration of mild emetics, though forbidden in pregnancy, is advisable ; prescribe a diet of sweet and acid articles, mild in potency, to bring the deranged Humours to normal ; mild, soothing, pacifying and predominantly sweet-tasting drugs, as also those that are not harmful to the fœtus should be prescribed (Su.).

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I. Toxæmias.

The troubles of pregnancy are accord ng to Harita :—Ptyalism, thirst, loss of taste, vomiting, diarrhœa, œdema, loss of colour (anæmia), and fever (Ha.). The following are described in detail :—

(*i*) THIRST :—*Treatment.*—Give to hold in the mouth a linctus of the powders of *Ficus bengalensis* sprouts, *Piper longum*, *Andropogon muricatus*, *Cyperus rotundus*, and sugar (Ha.).

(*ii*) LOSS OF TASTE :—*Treatment* :—Take powders of *Zingiber officinalis*, *Piper nigram*, *Citrus medica*, anthers ; rub teeth and tongue with these and make gargles of same (Ha.).

(*iii*) DOHADA-CHHARDI (Hyperemesis Gravidorum) :—The Humours are aggravated and deranged owing to pregnancy ; they rush up to the mouth, and after covering the whole of it come out with great force and with an aching pain in the limbs (Su.). Symptoms of the Humour aggravated appear (Sha.). Premonitory symptoms are nausea, suppression of eructations, thin and salty water-brash, aversion to food and drink (Su.).

Treatment.—The stomach is irritated ; fasting should therefore be the first remedy ; the vomiting of pregnancy should be relieved by giving the things longed for (Su.). Give *Swertia Chirata* paste with sugar (Ha.)

(*iv*) LONGINGS OF PREGNANCY :—If these are harmful, the substances should be given with wholesome food ; otherwise the fœtus suffers, or is aborted (Va.). If desires are not gratified, abnormal children result ; if gratified, they ensure the birth of a strong, vigorous, and long-lived child. Non-fufilment of desires proves injurious both to the fœtus and to the enciente, and painfully affects the particular sense organ of the child (Su.).

(*v*) PRURITIS :—In the 7th month of pregnancy, there is a burning and scratching sensation in the abdomen wrongly attributed by women to the development of hair on the fœtus ; the sensation is due to the three Humours reaching the chest on account of pressure of the gravid uterus ; the scratching makes the skin of the breast raw ; the part should not be scratched, otherwise the skin cracks and causes disfiguration ; if irresistible, massage and rub the part, but never use the finger-nails ; she should take moderate, sweet, and *Vayu*-subduing diet with a little oil and salt ; only small amounts of water should be drunk (Ch.).

General Treatment :—Give a palmful of butter cooked with 'Sweet' group of drugs, and decoction of *Zizyphus Jujuba* (Ch.).

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Local Treatment :—(1) Rub on the abdomen and breast paste of *Santalum album*, and stalk of lotus ; (2) rub paste of *Albizzia Lebbek*, *Woodfordia floribunda*, mustard seeds, liquorice, seeds for *Holarrhena antidysenterica* and *Ocimum sanctum*, *Cyperus rotundus*, *Curcuma longa* ; (3) rub paste of leaves of *Melia Azadirachta*, *Zizyphus Jujuba*, *Ocimum sanctum, and Rubia cordifolia* ; (4) wash the part with infusion of the three myrobalans mixed with the blood of 'Prishat' deer and the hare ; (5) rub with oil cooked with leaves of *Nerium odorum* ; (6) wash with infusion of *Aganosma caryophyllata*, and *Glycyrrhiza glabra* (Ch.).

(*vi*) ARDITAM (*i. e.*, distortion of face—Facial Paralysis, Toxæmic Neuritis of Facial Nerve) :—Pregnant women, mothers immediately after parturition (*Sutika*), after spontaneous labour, infants, old and enfeebled persons are most prone to this disease ; (Jejjat considers this interpolatiou spurious) ; it is due to excessive hæmorrhage or loss of blood ; the local *Vayu* finds lodgment in the head, nose, upper lip, chin, forehead, and joints of the eye (Su.).

Symptoms :—Neck and half of face longitudinally are distorted ; head shakes ; power of articulate speech is lost ; eyes are distorted into a variety of shapes ; neck, chin, and teeth on affected side are painful ; if severe, it is incurable.

(*vii*) AKSHEPAKA (Toxæmia, Eclampsia, Convulsions) :—The agitated *Vayu*, while coursing swiftly through the channels of the body, shakes it in quick successions ; convulsions or spasms thus appear (Su.)

(A) *Apatanaka* is a variety of *Akshepaka* (Pre-Eclamptic Conditions), (Deva Brahma) ; also called *Dandapatanakam* (Jejjata) ; it is due to the concerted action of *Vayu* and *Kapha* which are aggravated and deranged by (1) excessive hæmorrhage, (2) by abortion or miscarriage, and (3) by difficult pregnancy o difficult labour ; the woman falls to the ground ; there is coldness, swelling and heaviness of body ; it is incurable (Su.). Eyes droop. There is perspiration, restlessness, and tremors (Va.).

General Treatment :—(1) Give oleaginous medication first, and then fomentations to clean up the ducts : (2) give errhine of *Piper nigrum*, *P. longum* fruit, and dry ginger ; (3) give decoction of drugs of 'Pueraria tuberosa' group ; (4) prepare decoction of *Dolichos biflorous* seeds, barley, *Zizyphus Jujuba* fruits, drugs of 'Cedrus Deodara' group, flesh of animals of marshy places with conjee, butter, milk or sour substances, milk, paste of drugs of 'Sweet'

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group, oil, ghee, fat, marrow ; use it for sprinkling, anointing, baths, drinking, as errhine and as an enema ; it brings *Vayu* to normal ; (5) give curds, milk, or ghee cooked with meat juice ; after the fits of *Apatanaka* have passed away, give an errhine in the intervals as a brain-purgative ; use as errhine pungent drugs against *Kapha* ; or blow into the nose the powders of these drugs ; this brings back consciousness ; if *Vayu* is much aggravated, use (6) ghee cooked with 'Sauvarchal' salt, *Terminalia Chebula*, *Piper longum* fruit, *P. nigrum*, and dry ginger. If other Humours than *Vayu* are aggravated, use other suitable remedies (Va.).

(B) *Apatantraka* (Eclampsia with convulsions)—is another variety of *Akshepaka*, due to the deranged action of *Vayu* and *Kapha* ; *Apana Vayu* dislodged from its natural receptacle in the body, courses upwards, lodges in the head, heart, and temples, causes convulsive movements of hands and legs, or at times bends them down (Opisthotonus) ; the eyes are closely shut, or there is fixed and vacant stare ; perception is lost ; respiration is difficult ; the woman groans and gets relapses of unconsciousness (Su.). *Apatantraka* caused by abortion or excessive hæmorrhage is cured with difficulty (Va.).

(*viii*) : NEPHRITIC TOXÆMIAS.

(A) *Anuria* :—*Treatment*—Give seeds of *Cucurbita semina*, *Bassia latifolia*, *piper longum*, *Parmelia perlata*, and ghee ; drink with washings of rice ; this causes diuresis (Ha.). Give milk boiled with drugs of 'Berberis asiatica' group, sugar and honey (Su.).

(B) *Œdemas* :—Œdemas are due to abortions, protracted and severe pregnancies (Ch.) and irregular delivery (Su.), vaginal discharges (*Pradara*), emesis, pregnancy, etc. The aggravated *Vayu* carries the deranged *Pitta*, *Kapha*, or 'Blood,' into the external veins ; the motion of *Vayu* in these veins being now blocked by *Pitta*, etc., *Vayu* causes œdema and dropsy ; therefore all kinds of œdemas are due to the aggravation of the three Humours. If œdematous swellings are cut open, there is only serous exudation but no blood (Va.).

Prognosis :—Œdema which in women appears first on the face and then spreads to other parts of the body, is cured with difficulty ; that which appears on private parts is almost incurable (Ch.).

II. Diseases due to Pressure of the Gravid Uterus.

(*i*) UDAVARTA (Constipation) :—This is a disease peculiar to the 8th month of pregnancy in which there is severe constipation,

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and less urine is passed ; oleaginous enemas have no effect in it ; if neglected, the fœtus and even the enciente dies (Ch.). (Read in Gynæcology Section *Udavarta-Yoni* or Dysmenorrhœa).

General Treatment :—Give milk boiled with asafœtida, 'Sauvarchal' salt, *Acorus Calamus*, honey, and sugar ; it relieves constipation with tympanitis (Su.).

Local Treatment :—(1) Add to equal parts of milk and water the roots of *Andropogon muricatus, Poa cynosuroides, Saccharum spontaneum, S. officinarum, Calamus Rotang*, Shali and 'Shashtik' rice ; *Carum copticum, Hemidesmus indicus, Gmelina arborea, Grewia asiatica*, liquorice and raisins, and boil ; then add *Buchanania latifolia, Semecarpus Anacardium, Sesamum indicum* seeds, and 'Saindhava' salt , give a warm enema in the ventral posture ; (2) after the bowels and kidneys have functioned, give a bath of warm water and administer drugs sedative to the fœtus, and then give mild diet ; (3) in the evening, give an enema medicated with drugs of the 'Sweet' group (Ch.). Give oleagenous medication, and the suitable enemas (Va.).

Udavarta :—'*Udavarta*' in general is due to repression of any of fourteen types of natural urgings of the body, *e.g.*, flatus, evacuation of bowels, micturation, yawning, lachrymation, sneezing, eructation, vomiting, and discharge of 'Semen' (or 'Menstrual Fluid'), hunger, thirst, respiration, sleep, and habitual use of unwholesome food and drink (*Apathyaja*) ; these urge a person to answer their call, and are due to upward or downward course of *Vayu* (Su.). *Treatment* consists in restoring the deranged and incarcerated *Vayu* to its normal course and direction (Su.).

(*ii*) Hæmorrhoids :—The aggravated *Apana-Vayu* mixes with the accumulated feces and forces them down behind the rings (Valve-like pockets) in the anal canal (Va.). *Apana-Vayu* accumulates the fecal matter on and behind the ridges of the rectum and anus ; the ridges thus rendered moist and pressed upon, get sprouts on them which are called piles ; abortions, pressure or blow on the gravid uterus, frequent deliveries, or painful and obstructed deliveries cause piles ; also miscarriages, pressure of the growing fœtus on the rectum and anus are the causes of Hæmorrhoids (Va.).

III. Abnormal Conditions of the Gravid Uterus.

(*i*) Prolongation of Pregnancy Period without any Cause : —*Treatment*.—If after the lapse of full term of gestation, the child

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is not delivered, the enciente should be made to thresh corn with a pestle in a mortar, and should be made to sit or move on an uneven ground (Su.).

(*ii*) UPAVISHTAKA-GARBHA (Prolonged Pregnancy ; Uterine Tumours ; Ectopic Gestation) :—It is a disease in which the fœtus ceases to develop though at that time it is strong and well developed ; the development stops because there is either a menstrual discharge owing to eating pungent, and heat-generating substances, or there is some kind of vaginal discharge (*Pradara*) ; the fœtus remains in the abdomen long after the delivery period (Ch.). It throbs but it does not grow, and the abdomen does not get bigger (Va.).

General Treatment :—(1) Give ghee cooked with 'Bhautika,' 'Jivaniya,' 'Fattening,' 'Sweet,' and 'Anti-*Vayu*' group of drugs (Ch.) ; (2) give eggs (Va.),

Local Treatment :—When the enciente gets fat, agitate the fœtus again by giving the enciente hard exercise in crriages, horse-rides and elephant-rides (*as for Nagodara*) (Va.).

(*iii*) MAKKALA (Parametritis, Pelvic Abscess, Pyosalpinx Salpingitis, Retention of Lochia and of isolated Cotyledons of Placenta, Atony of Puerperal Uterus, etc.) :—It is a dreadful abscess in the ilac region due to (*a*) unexpelled blood clots (*Rakta*) after delivery (*Garbha-Makkala*) ; or (*b*) it may be due to vitiated blood, and is accompanied with extreme pyrexia (*Prasuti-Makkala*) ; it is caused by a woman taking injudicious and unwholesome food after parturition or safe delivery of a full-term child, or after miscarriage ; it suppurates, if not absorbed within one week (Su.). Bhoja and others consider that the abscess is not due to derangement of Blood-Principle (*Rakta-Dhatu*) but take it to mean originating in the 'Menstrual Fluid' ; and so they call it *Makkala*.

(*To be continued*)

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Reports of Societies, etc.

—:o:—

ANDHRA AYURVEDA VISWA VIDYALAYA.

CURRICULUM OF STUDIES.

—o:—

पाठ्यक्रमम् Curriculum of Studies. प्रधान शास्त्र Primary Course.

आयुर्वेद शिरोमणि B. A. M. & S. Bachelor of Ayurvedic Medicine & Surgery.

प्रथम वर्षम्—First Year.

1. शारीरक आकृति विज्ञानम् Anatomy.
   आशयखण्ड Splanchrology ; अस्थिखण्ड Osteology ; सन्धिखण्ड Syndismology ; स्नायुखण्ड Myology.
2. शारीरिक प्रकृति विज्ञानम् Physiology.
   अन्नमय कोश, पाचक, प्रसारक, मोचकावयवा: Alimentary system with the digestive, circulatory and Excretory organs. प्राणमय कोश Respiratory system.
3. स्वास्थ्य वृत्तम् सन्क्राम निरोध निबन्धना: Hygienic and public health and Quarantine rules.
4. भौतिक शास्त्र Physics.
5. रसशास्त्र Chemistry.
6. जंतु शास्त्र Zoology ; मित्र शरीरम् Comparative Physiology.
7. द्रव्यगुण Materia Medica. वृक्षशास्त्र Botany.

द्वितीय वर्षम्—Second Year.

1. शारीरक आकृति विज्ञानम् Anatomy. सिरा खण्ड Angiology, नाड़ी खण्ड Neurology, इन्द्रिय खण्ड Special senses, धातु कला विज्ञानम् Histology.

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2. शारीरक प्रकृति विज्ञानम् Physiology, मनोमय, विज्ञानमय, अनंदमय कोशा: Central and autonomic nervous systems, and the Procreative or genito urinary system.
3. रसशास्त्र Chemistry, शोधक कर्म Laboratory work.
4. गुणपाठ Pharmacology, द्रव्यकल्पम् Practical pharmacy.
5. क्रिमि शास्त्र Bacteriology.

तृतीय वर्ष—Third Year.

1. शारीरक विकृति विज्ञानम् Pathology.
2. काय चिकित्सा Practice of Medicine.
3. शल्य शलाक्य तन्त्र Operative Surgery.
4. विपाक शास्त्र Biochemistry.
5. वैद्यक कर्म Hospital work (Nine months.)
6. शोधक कर्म Laboratory work (Three months.)

चतुर्थ वर्ष—Fourth Year.

1. गर्भ व्याकरणम् Embriology.
2. गर्भावक्रान्ति Obstetrics.
3. कौमार भृत्य Pediatrics.
4. योषिद् चिकित्सा Gynecology.
5. काय चिकित्सा Practice of Medicine.
6. शल्य शलाक्य तन्त्र Surgery, operative and Plastic.
7. जायान्य प्रकरणम् Venereals.
8. विष तन्त्र Toxicology.
9. वैद्यक कर्म Hospital work. (9 months).
10. वैद्यक धर्म सिन्धु Medical jurisprudence.

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पंचम वर्ष: Fifth Year.

आचार्य श्रेणि M. A., M. & S. Master of Ayurvedic Medicine and Surgery.

1. **भूत विद्या** Psycho-physical diseases.
2. **काम शास्त्र** Sexual science.
3. **दिव्यांग विद्या (मणि खण्ड)** Medical Electricity or Electro-therapeutics.
4. **मरुदंग विद्या (मन्त्र खण्ड)** Magnetic, Ionic and Radio treatments.
5. **अरुण विद्या (सौर खण्ड)** Helio therapy.
6. **जल चिकित्सा (स्नान खण्ड)** Hydro-therapy.
7. **पथ्य विचार** Dietetics.

गौण शख Auxiliary Course.

अयुर्वेद शास्त्रि L A. M. & S. Licentiate in Ayurvedic Medicine and Surgery.

प्रथम वर्ष—First Year.

1. **शारीरक आकृति विज्ञानम्** Anatomy, **आशय खण्ड, सन्धि खण्ड, अस्थि खण्ड, स्नायु खण्ड. सिरा खण्ड, नाड़ी खण्ड,** Anatomy, Splanchrology, Angiology, Osteology, Syndismology, Myology, and Neurology.
2. **शारीरक प्रकृति विज्ञानम्** Physiology. **अन्नमय, प्राणमय, मनोमय, विज्ञानमय कोशा:** alimentary, circulatory, Respiratory, central and autonomic nervous systems.

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3. भौतिक शास्त्र Physics.
4. रस शास्त्र Chemistry.
5. जंतु शास्त्र Zoology.
6. द्रव्य गुण Materia Medica.
7. स्वास्थ्य वृत्तम् Hygiene and public health.
8. संक्राम निरोध निबन्धना: Quarantine Rules.
9. शोधककर्म Laboratory work.
10. क्रामि शास्त्र Bacteriology.
11. विपाक शास्त्र Bio-chemistry.

द्वितीय वर्ष:- Second Year.

1. शारीरक आकृति विज्ञानम् Anatomy, इन्द्रिय खण्ड special senses. धातुकला विज्ञानम् Histology.
2. शारीरक प्रकृति विज्ञानम् Physiology. आनंदमय कोश Procreative system.
3. शारीरक विकृति विज्ञानम् Pathology.
4. काय चिकित्सा Practice of Medicine.
5. शल्य शलाक्य तन्त्र Surgery, operative and plastic.
6. योषिट् चिकित्सा Gynecology.
7. जायान्य प्रकरण Venereals.
8. गर्भ व्याकरणम् Embryology.
9. गर्भावक्रान्ति Obstetrics.
10. विष चिकित्सा Toxicology.
11. वैद्यक धर्म सिंधु Medical jurisprudence.
12. वैद्यक, शोधक कर्म Hospital and Laboratory Work.

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STAFF.

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2. Sj. Dr. K. Janardan Rao Naidugaru, B.A., L.M. & S.
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3. Sj. Dr. V. Gopala Krishna, B. A., M. D.
Ophthalmic Surgeon.

4. Sri Dr. M. Venkataratnam Pantulu, L. M. P.
Anatomist.

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6. Sri P. A. Narsimham, B.A.,
Prof of Chemistry and Botany.

7. Sri U. V. Subramanyam, B.A.,—*Prof. of Physics.*

8. Sj. T. V. Subbarao, A.V.S.
Rasayana Sastri, Ayurveda Visasarada.
Prof. of Materia Medica Indica and Ayurvedic Pharmacy.

9. Sj. Ayurvedopadhyaya G. Satyanarayana Moorty,
Ayurvedasastry.

New class begins on 1-7-33.

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THE
ALL-INDIA AYURVEDIC 24th VAIDYA CONFERENCE.
Shikarpur, Sind.

The 24th All-India Ayurvedic Vaidya Conference will be held at Shikarpur, Sind on the 15th, 16th, 17th and 18th of February 1934. The Reception Committee is leaving no stone unturned to make the Conference a success.

Although Sind is the birth place of Vagbhata, yet in its present state there cannot be found out even a trace of Ayurveda in the province, so much so, even the name of Ayurveda is unknown here.

The Conference is therefore held in Sind in order to popularise the great Science and it is hoped that all lovers of Ayurveda will muster strong at Shikarpur to make the conference a success.

There will also be an exhibition in this connection of Ayurvedic books and medicines etc.

For further details aud other particulars, please write to :—

The President, All-India Ayurvedic 24th Vaidya Conference, Shikarpur, Sind.

List of office bearers :—

Seth Tejbhandas Dayaram Ahuja ...	*Chairman.*
Vaidyaraj Lala Sobhraj ...	*Vice Chairmen.*
Vaidyaraj Pandit Prem Narayan Sharma Vaidyabhusan	
Vaidyaraj Pandit Sukhram das T. Ojha, Pran Acharya	
Mr. T. M. Kanal (Retd. Asst. Engineer.) ...	
Prof. Sewaram N. Pherwani, M. A. ...	*Organising Secretary.*
Vaidyaraj Pandit Bhawani Datt Sharma Vaidyaratna ...	*General Secretary.*
Vaidyaraj Vithallal Rangoomal Gandhi	*Joint Secretaries.*
,, Chellaram Gurnomal Sukkur ...	
Seth Lunidas Singh Satram Singh Bajaj Banker and Landlord	*Treasurer.*
Swami Dagambaranandji	*Exhibition Committee.*
Dr. Kundanlal, H. L. M. & S. ...	
Vaidyaraj Sobhasingh, L. H. M. & S. ...	
,, Chetanram Sunderdas Fagunmal	
Prof. Tarachand Gajra M.A., S. T. C. D.	*Publicity Committee.*
Shree Karshini Naraindas Shastri, Hindi Prabhakar, B.A.	

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1. President of the Conference :—

Kaviraj Pratap Singh, Rasayanacharya, Supdt. Ayurvedic College, Benares Hindu University.

2. Presidents of Sections :—

(*a*) *Pathology and Treatment, 1st Part.*

Dr. Girindra Nath Mukherjee, B. A., M. D., F. A. S. B., Vishagacharya, Calcutta.

(*b*) *Pathology and Treatment, 2nd Part.*

Prof. Shib Sarma, B. A., Ayurvedacharya.

(*c*) *Chemistry Section* :—

Dr. Lakshmipathi, B. A., M. B. & C. M.

(*d*) *Botanical Section* :—

M. M. Bhagirath, Calcutta.

(*e*) *Hygiene* :—

Vaidyabhusan Pandit Thakurdatt Sharma, Amritadhara, Lahore.

Reviews and Notices of Books.

——:o:——

The Fever in Ayurveda

By A. C. Kaviratna, 46A, Surendra Nath Banerjee Street, Calcutta.

Price Re. 1/-

We have received a copy of the above publication for review and perused the book with pleasure. The book is rich in practical prescriptions and suggestions and as such it will be a valuable addition in the medical literature and prove helpful to those seeking to serve the suffering humanity. The author has spared no pains to make the publication thoroughly handy and up to date for the purpose of treatment of fever of various types that are commonly found in the tropical and sub-tropical countries. The book is highly interesting, special feature of which is an exhaustive and comparative study of Ayurveda along the line of Western System of Treatment which enhances the importance of the book and as such may be profitably read by the students, busy practitioners and vaids and as for the layman it will prove as a true comrade for self-treatment in times of emergency.

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INFANTILE CIRRHOSIS OF LIVER OR INFANTILE BILIARY CIRRHOSIS

By Jammi Venkataramanayya, No. 8, Salai Street, Mylapore, Madras.

This little booklet deals with the literature of the writer's specific powders for the cure of simple or complicated liver enlargements in children. To testify to the efficacy of the treatment, 3 illustrations of advanced cases of Infantile cirrhosis of Liver are given where the treatment resulted in complete cure of the patients. A few opinions, both from medical men as well as from lay people, are cited which point to the treatment as being a specific one. The booklet is intended to be distributed free on request. The writer claims to cure 99 per cent of all cases of "Simple Liver Enlargement" and 50 per cent of cases of "Complicated Liver Enlargement" and the specific deserves a trial. The book may be had of the author at the above address or at 125, Harrison Road Calcutta on request.

SAVASTHYA-VIJNANA—A treatise on Hygiene in Hindi for Ayurvedic Students and practitioners, by Dr. B. G. Ghanekar, B. Sc., M. B., B. S., author of Svasthya shikshapathavali, Lecturer in Hygiene and Medicine, Ayurveda College, Hindu University, Benares. Price Rs. 2/8.

This is a treatise on Hygiene consisting of fourteen chapters dealing with Air, Water, Food, Milk, Meat, Vegetables, Minerals, Condiments and Laws of diet. The subjects have been described according to modern scientific findings; quotations from Sanskrit medical treatises have been added which enhance the value of the book. The dietatics of the Ayurvedic authors will certainly repay perusal. It is written in simple language and will prove useful to students for whom it is intended.

G. N. M.

READING NOTICE.

We have just received an advance copy of "The Bloodless phlebotomist" Vol. VIII No. 1, which is being mailed to every physician in India.

This little journal published by the Denver Chemical Manufacturing Company of New York is replete with interesting articles written by physicians who are located in many different countries and while the purpose of the publication is to acquaint its medical readers with Antiphlogistine, the physicians will find a number of items and illustrations which will excite their curiosity and interest. The reproduction on the cover was taken from the title page of the first edition

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of the "Structure of the Human Body" by Andreas Vesalius, the Father of Modern Anatomy, and the illustration on page 19, "The physician", which reminds the reader about the Sanskrit slokas which describe the progressive relations between the physician and his patient during the latter's illness, convalescence and after recovery, is indeed curious.

आतुरे च पिता वैद्यः
किञ्चित् सुस्थे च मातुलः।
स्नानकाले श्यालकश्चैव
दानकाले भवेत् शत्रुः॥

Altogether, the little journal is well worth reading and we note that 1,263,000 copies are printed in nine languages and distributed to every doctor in the world with a known address except in the countries of Russia, Lithuania and Bulgaria.

If you do not receive a copy, write to the Denver Chemical Manufacturing Company, New York, who will place your name on their list. The journal will be supplied to you, free of all charges.

CORRESPONDENCE.

——:o:——

To

THE EDITOR,

JOURNAL OF AYURVEDA.

PREVENTION OF SMALL POX

BY

KAVIRAJ INDU BHUSHAN SEN AYURVEDSASTRI,

Lecturer, Bengal Medical Institution and Hospitals, Calcutta.

We have already been warned by the health authorities of Calcutta that there is every likelihood of a recrudescence of small pox in epidemic form this year. While fully advocating vaccination or re-vaccination, whereever necessary, we would suggest here a few simple methods, which, if followed, would ensure immunity from this fell disease.

Domestic and personal cleanliness at such a time is of special importance. Each room and nook and corner of the house, in addition to being cleansed, should be treated twice daily with incense ("dhuna"). Better results are obtained by burning some dried "neem" leaves with this incense. As to personal cleanliness, the habit of using only cleen clothes

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should be rigidly persisted in and the whole body should be massaged daily with mustard oil before bath.

The following things are to be avoided :—

(1) Rotten and stale fish. Only, fresh water fish in small quantity may be used. It is wise to take vegetable food only, at this season of the year.

(2) Milk is the worst carrier of diseases. Care should be taken to ensure its purity and to boil it thoroughly before use.

(3) Rich foods are to be altogether avoided. Ordinary tea-shops and sweet-meat vendors never take the precautions which are essential for the health of their customers. It is, therefore, advisable to refrain from patronising them.

(4) Late hours at night are distinctly harmful at this season.

A few useful dlatetic hints are given below :—

(1) "Neem" is the best-known antidote for small-pox. It is advisable to add a small quantity of young "neem" leaves to our daily dietary. This Is best done by frying them with brinjal. The other well-known vegetable that gives some beneficial result is "Uchchey". In fact the value of "Uchhey" or its seed as a preventive of small pox cannot be over-rated and we would recommend its daily use by every member of the family.

(2) Sweet things are to be avoided as far as practicable.

(3) A kind of vegetable known as "hincha sag" is known to prevent small pox.

Certain herbs have such great medicinal properties that they can, if used in recommended dose, prevent small pox.

(1) "Kantikari" is one of such herbs, but its root alone has the requisite quality. A quarter part of a tola of this root is to be thoroughly pounded and used in the morning with cold water, twice weekly. This is adult dose and children should be given half the quantity.

(2) Equal parts of leaves, bark, root, fruit and flower of the "neem" should be dried in the sun and pounded and then they should be thoroughly mixed. Quarter part of a tola of this powder is to be used in the morning with cold water, once a week.

(3) Half a tola each of the powders of "neem" leaf, "bahera" seed and turmeric, taken with cold water thrice weekly, prevents small pox.

(4) Ten grains of the powdered root of white "punarnava" mixed with ten grains of powdered 'peper' should be taken occasionally with water. Children to take half the dose.

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THE JOURNAL OF AYURVEDA

Vol. X.] March, 1934. [No. 9.

Dr. P. Nandi Passes Away

FAMOUS PHYSICIAN

A Brilliant Career Ends In Ranchi

We are extremely sorry to announce the death at Ranchi, which occurred on 11th last at 8 P.M., of Dr. P. Nandi, the famous Calcutta Physician of 34-1, Beadon Street. Dr. Nandi was for some time past ailing under an attack of acute Beri-Beri.

On Sunday morning while he was talking with his friends, he asked for a glass of water to rinse his mouth. As he placed the tumbler on the table he uttered 'Haribol' twice and lay down on the bed. Before any medical help could be rendered, he almost instantaneously breathed his last out of heart failure. Three physicians, Drs. Atul Krishna Mukherjee, Jadugopal Mukherjee and Sisir Kumar Bose were present by his bed-side.

Two days before, on the 9th of March, he had completed his fifty-fifth year.

For the last three months Dr. Nandy had been suffering from an attack of epidemic dropsy. In that state of health he left for Ranchi on January 3 to see one of his relatives who had been ailing there. By the third week of January, Dr. Nandi's illness aggravated, but he ultimately recovered and by the middle of February no trace of his illness remained.

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A BRILLIANT CAREER.

Born in 1878, Dr. Nandi from his boyhood showed indications of his promising career. He passed his entrance examination at the age of 12. While a student of the Calcutta Medical College, he obtained the Clinical Medicine prize and passed the L.M.S. examination in 1901. In 1918 he obtained the doctorate in medicine with honours and in the next year was appointed Professor of Pharmacology and physician of the hospital, which posts he held until his death.

In 1921, Dr. Nandi became a fellow of the Calcutta University and a member of the Faculty of Medicine. Consecutively for seven years he was a member of Bengal Council of Medical Association. A member of the Council of the Carmichael Medical College, he loved this institution dearly and when from the Howrah constituency he was offered an uncontested seat in the Bengal Legislative Council, he declined the offer, thinking that his acceptance would go against the interest of his college.

The contribution of Dr. Nandi to national activities was not negligible. At the Bengal Provincial Conference at Maju he acted as the Chairman of the Reception Committee.

He leaves behind three sons and seven daughters. Of the sons Sj. Prakash Chandra Nandy, the eldest, has just returned from France after studying engineering. The second Sj. Pravat Chandra Nandi is a student of the Carmichael Medical College. Sj. Provash Chandra Nandi, the youngest is at present appearing in the Matriculation Examination.

We offer our condolence to the bereaved family.

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Original Articles

BHAGAVAT GOVINDAPADA.

(760 A.D.)

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

VISHAGACHARYA.

Calcutta.

Govindapada or Govinda Bhiksu is the famous author of *Rasahrdaya,* a treatise on mercurial and other preparations, a work on Hindu chemistry.

Religion of Govindapada.—From the facts that Buddhistic Gods and Bodhisattvas are mentioned in this work, Dr. Ray thinks the author to be a Buddhistic Bhiksu or monk (see Ray's *History of Hindu Chemistry*, Vol. II). But the Editor of the *Ayurvediya-granthamala*, Vaidya Jadabji Tricamji Acharya, in his preface to *Rasahrdaya* (Vol. I. no. 1.) proves him to be a Brahman by caste. His arguments are.—

1. In the openiug lines of the book, the auther offers salutation to Hari and Hara. No Buddhist would tolerate such salutations.

2. Govinda Bhiksu proves the existence of Brahma by such lines.

एकांशेन जगन्ति च इत्यादिना ।

But Brahma is denied by the Buddhists.

3. He eulogises *Jajna* (sacrifice), *Vedas*, etc.—

यज्ञदानतपसो वेदाध्ययनदमात्सदाचारात् ।

अत्यन्तं श्रेयः किल ।

But these are ignored by the Buddhists as useless.

4. Govinda is quoted as Govindapada. The word *pada* is generally added to names of venerable personages to show respect.

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In the *Rasesvaradarsana* in *Sarvadarsanasmgraha* Madhacarya quotes him thus :—

"गोविन्दभगवत्पादाचार्य्यैरपि" तदुक्तमाचार्य्य

with honour. Caturbhuja Misra, the author of a commentary on *Rasahrdaya* called "*Mugdhavodhini*" styles him. **"आचार्य्य श्रीगोविन्द-पादा"** Ramacandra Gupta, the author of *Rasendra Cintamani* (ch. III) calls him **भगवदगोविन्दपादा।** In *Rasesvaradarsana* is quoted a *sloka* from *Rasesvara siddhanta.*—

गोविन्द भगवद्पादाचार्य्य गोविन्दनायकः।

Now who is Govindapada ?

He is the reputed teacher of Sankaracarya, the celebrated founder of the Vedanta doctrines, and this is the reason why Madhavarcarya, a follower of Sankara speaks so highly of him. We can also trace some of the tenets of Sankara to Govindapada's writings ; *e. g.*, compare.—

बाल षोड़शवर्षो विषयरसास्वादलम्पटः परतः।
यातविवेको वृद्धो मर्त्यः कथमाप्नुयान्मुक्तिं॥

Govindapada's Rasahrdaya.

and

बालस्तावत्क्रीड़ासक्तस्तरुणस्तावत्तरुणीरक्तः।
वृद्धस्तावच्चिन्तामग्न परमेब्रह्मणि कोऽपिनलग्नः॥

Sankaracarya's Mohamudgara.

He shows his tendency to Yoga :

भ्रूयुगमध्यगतं यच्छिखिविद्युत्सूर्य्यवज्जगस्तासि।
कैषांचित्पुण्यदृशामुन्मीलयति चिन्मयं ज्योतिः॥

Chronology.—

Govindapada is quoted by Govinda, the author of *Rasasara.*—

मोढज्ञाज्ञां समुत्पन्न आचार्य्यसहदेवकः।
तदुत्पन्नस्तु यः सुनुः सुरादित्यः क्षतिर्भुवि॥
तस्तं भवः सुतः ख्यातो गोविन्दः शिवनिन्दकः।
शिष्यः श्रीधीरदेवस्य रसकर्मसु कोविदः॥

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अनुभूयेदमखिलं शास्त्रं तेन विनिर्मितं ।
कृपया धातुवादिनां दीनत्वस्य विनाशनम् ।
अन्तर्वेदीसमुत्पन्नो ज्ञात्वा सारस्वतो द्विजः ।
अभयपालपुत्रोऽसौ घोरदेवो हि वादिराट ॥

Ch. 23.

He is anterior to Pseudo-Vagbhata, the author of *Rasaratnasamucaya*, for the latter quotes from ch. 27 of *Rasahrdaya*.—

"मूर्च्छित्वा हरति रुजं इत्यारभ्य हरगौरीसृष्टिसंयोगात्" ।

Nityanatha Siddha quotes him in his *Rasaratnakara*

वाणासुरो, मुनिश्रेष्ठो गोविन्दः, कपिलो, वली ॥

Somadeva, the author of Rasendracadambini, who was anterior to Nityanatha, also quotes the above *Sloka*. We have seen him to be anterior to Madhavacarya, the celebrated author of Sarvadarsanasamgraha.

His age. If we accept him to be the teacher of Sankaracarya, his age becomes known to us. Sankara flourished in 780 AD? (710—742). So the probable age of Govindapada is 760 A.D. He has given an account of himself at the end of Rasahrdaya.—

श्रीतांशुवंशसंभव हैहयकुलजन्मजनितगुणमहिमा
स जयति श्रीमदनश्च किरातनाथो रसाचार्य्यः ॥
तस्य स्वयमवतीर्णा रसविद्या सकलमङ्गलाधारा ।
परमश्रेयोहेतु श्रेयोसौ परमेष्ठिनः पूर्व्वम् ॥
तस्मात् किरातनृपतैर्वहुमानमवाप्य रसकर्मरतम् ।
रसहृदयाख्यं तन्त्रं विरचितवान-भिक्षुगोविन्दः ॥

(in Benares Mss.)

In Roy's *History of Hindu Chemistry* Vol. II., P. 40, Sanskrit Text. we find a few lines more,—

श्रीतांशुवंशसम्भव हैहयकुलेजन्मजनित कुलमहिमा ।
जयति श्रीमदनरथः किरातनाथो रसाचार्य्यः ॥
यस्य स्वयमवतीर्णा रसविद्या सकलमङ्गलाधारा ।
परमश्रेयसहेतुः श्रेयसि परमेष्ठनः पूर्व्वम् ॥

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येन चतुर्व्वर्णम्लेच्छादि व्याधादिलब्धसत्वाभम् ।
दक्षिणरसा गृहीता आदि वराहेणेव महाप्रलये ॥
नष्टशरीर विवर्णा हीनाङ्गाः कुष्ठिनो गुणादयस्य ।
अभिनव सोमेश्वरतामापुरपि पुनर्नवैरङ्गैः ॥
तस्मात् किरातनृपतेः वहुमानमवाप्य रससुकर्म्मरतः ।
रसहृदयाख्यं तन्त्रं विरचितवान् भिक्षुगोविन्दः ॥
नप्ता मङ्गलविष्णोः सुमनोविष्णोः सुतेन तन्त्रोऽयम् ।
श्रीगोविन्देन कृतः तथागतः श्रेयसे भूयात् ॥
अष्टादशसंस्कारं रसेन्द्रदेवस्य दिव्यतनु दृष्ट्वा ।
लिखितमिदं पुण्यतमं रसहृदयमवाप्यते सकलम् ॥

Ray's History of Hindu Chemistry Vol. II. P. 41.

So he flourished during the regin of Sri Madana of the Haihaya family, a branch of Candravamsa, king of Kirata country. Madanadeva was himself well-versed in *Rasa* (mercury) like Govindapada. In Cuningham's *Archealogical Reports* Vol. XXII. P. 78, we learn that king Kamadeva of the Haihava family reigned during the century. Perhaps he is identical with Madanadeva, and the two words Madana and Kama are synonymous. This date corroborates the date arrived at before from other considerations.

Some think that he flourished in 130 A.D. without any proof.

Now where is Kirata country ?

तप्तकुण्डं समारभ्य रामक्षेत्रान्तकं शिवे ।
किरातदेशो विज्ञेयो विन्ध्यशैलेवेतिष्ठते ॥

Sivasaktisangama Tantra.

So the Kirata country is the country near Vindhya Mountain. Dr. Ray is of opinion that Kirata-land is "the region adjoining modern Bhotan".

His works :

1. *Rasahrdaya.*—a work on Hindu Chemistry, in the form of Tantra. It consists of twenty one *patala.* The author is Govindapada.

Mss.—Nepal Cat. 118(3). (see colophon before) *Benares Mss.* —I. O.—with Balanvayabodhika.

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Begins :

श्रीगणेशाय नमः। श्रीगुरुभ्यो नमः।

जयति स दैन्यगदाकुलमखिलमिदं पश्यतो जगदस्य।
हृदयस्यैव गलित्वा जाता रसरूपिणी करुणा॥
पीताम्बरोऽथ वलिजिन्नागच्छद्यवहलरागगरुड़चरः।
जयति स हरिरिव हरजो विदलितभवदैन्यदुःखभरः॥
मूर्च्छित्वा हरति रुजं रन्धनमनुभूय मुक्तिदो भवति।
अमरीकरोति सुभृतः कोऽन्यः करुणापरस्तस्मात्॥
सुरगुरुगोद्विजहिंसापापकलापोद्भवं किलासाध्यम्।
तदपि च शमयति यस्मात्कोऽन्यस्तस्मात्पवित्रतरः॥
तस्य स्वयं हि स्फुरति प्रादुर्भावः स शाङ्करः कोऽपि॥
कथमन्यथा हि शमयति विलसन्मात्राच्च पापरुजम्॥
रसबन्धश्च च धन्यः प्रारब्धे यस्य सततमिव करुणा।
सिद्धे रसे करिष्ये महीमहं निर्जरामरणम्॥

Ends :

एवं रसमसिद्धो दुःखजरावर्द्धितो गुणवान्।
खे गमनेन च नित्यं सञ्चयति सकल भूवनेषु॥
दाता भूवनत्रितये श्रेष्ठो रोहे ब्रह्मयोनिरिव।
विष्णुरिव पालनार्थे संहर्त्ता रुद्र इव सकलम्॥

Colophon :—

इति श्रीगोविन्दभगवत्पादविरचिते रसहृदये जीर्णरस क्रियाधिकार एकविंशतितम पटलः।

After the colophon there is a statement that Dhanajit obtained this work from a worshipper of Narayana.

Contents of Rasahrdaya :—

Ch. 1 : Rasa prasamsa.—On praise of Mercury.
2. Rasasadhana.—on purification of mercury.
3. Nirmukhavasana mukhantarbhutapatrabhrakacaranatmaka.
4. Satvabhrakacaranatmaka.
5. Garbhadrutyatmaka.
6. Vijadipramanajaranajukti.

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7. Vidatmaka.
8. Rasaranjana.
9. Vijavidhana.
10. Sudharasasatvapatanatmaka.
11. Vejanirvahana.
12. Dvandamelana.
13. Sankaravijadhikara.
14. Sankaravijajarana.
15. Vahyadrutyadhikara.
16. Saranadhikara.
17. Kramanadhikara.
18. Vedhavidhana,
19. Pististambhadibidhi.
20. Hemadaladhikara.
    Aradhakara Sakria
    Patratrakara Sakria (?)
    Dhanasatvakriya.
21. Jirnadhikara.

Edition.—The book is published in the *Ayurvediya Granthamala* a monthly medical magazine edited and published by Vaidya Jadavji Tricumji Acarya, 372 Bora Bazar Street, Fort, Bombay.

Printed as a separate volume—*Ayurvediya Granthamala* Series No. I.—*Rasahrdaya Tantra* by Govinda Bhagavatpada with the Commentary of *Mugdhavabodhini* by Chaturbhooja Misra, Edited by Trimbak Gurunath Kale and Vaidya Jadabji Tricamji Acarya. Pub. by Vaidya Jadabji Tricamji Acarya. 1911 A.D. Printed by B. B. Ghanekar at the "Nirnayasagar" Press, 23, Kolbhat Lane, for the Publisher.

Commentary :

1. मुग्धाववोधिनी *Mugdhavabodhini* : a commentary on Rasahrday by Caturbhuja Misra. It is also published with the text in the *Ayurveda Granthamala*. It is alse known as वालान्वयवोधिका *Valanvayabodhika*.

Begins :

श्रीमन्महागणाधिपतये नमः ।

भवभयरक्षणदक्षं नत्वा मुग्धाववोधिनी तनुते ।

रसहृदयमुपयुक्तां टीकामृजुभावगामाप्तः ॥

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गुणवारिधिकुरलकूले हरिहरमिश्रः प्रतीतमहिभाख्यः ।
तत्पुत्रो भूवि महितो महेश इति नाम विख्यातः ॥
तदन्वये भारतिभावसंयुत-
स्तदात्मजः प्रस्तुतवाग्मिरोश्वरः ॥
चतुर्भुजो भावितभावमानसः
स्वलोकजातस्य कुलानुभावतः ॥
ज्येष्ठोऽभूद्भुवि पारिजातकतरुः खण्डेलवालान्वये
तत्पुत्रः किल नाथवल्लभसुदः प्राणैर्यशोर्थान्वितः ।
तत्पुत्रेण च सावरेण पतिना वन्धस्य धर्मार्थिना
गीर्याणात्त रुगोच्चजेन (?) सततं तेनात्र यत्नः कृतः ॥

Colophon :

इति श्रीकुरलवंशपयोधिसुधाकरमिश्रमहेशात्मजचतुर्भुजाविरिचितायां
मुग्धावबोधिन्यां रसहृदयटीकायां रसप्रशंसात्मक
एकोनविंशतितमोऽवबोधः ॥

The Commentary : is also known as वालान्वयबोधिका ।

Valanvayabodhika by Caturbhoja Misra, son of Mahesa Misra, of the Kurala family :

Mss. from India Office Library.—

इति सकल रसवैद्यकुलकिरीटभूषायमानारुणपादपद्मरागसकलविद्या-
पारीण श्रीमदभिक्षुगोविन्दकृतो रसहृदय समाप्तः । इति श्रीमत्कुरल
वंशपयोधिसुधाकर मिश्र महेशात्मज श्रीचतुर्भुजविरचितायां * * *
खण्डे वालान्वयबोधिकाख्यायां रसहृदयटीकायां रसप्रशंसात्मक एकोन-
विंशोऽवबोधः । इति श्रीः ॥

II. रससार—*Rasasara* by Govinda Acarya is said to be another commentary on *Rasahrdaya*. He flourished during the thirteenth century. His work appears to be a short treatise on mineral remedies.

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ON *SATTVA, RAJAS* AND *TAMAS* IN THE OLD INDIAN MEDICINE.

BY

REINHOLD F. G. MULLER.

GERMANY.

(*Continued from our last issue*)

The isolated position of *sattva* justifies the assumption of a nearer systematic relation of *rajas* to *tamas*, as frequently proved in *CaS* and *MBh*, but also sometimes in *SuS*, e. g. *cikitsā* 27, *8*. *CaS śārīra* 1,33 preliminarily ends the discussion of *puruṣa*, whose meaning is *prakṛti* according to the commentation and to a text variation, but in a somewhat different meaning from that in the *Sāṃkhya* of *SuS śārīra* 1. Here, in *CaS*, *puruṣa* is connected with *rajas* and *tamas* to infinity (*34* : *rajastamobhyāṃ yuktasya saṃyogo 'yamanantavān*), but, after the cessation of his connection with these two, his recovery is dependent on the increase of *satta* (*tābhyāṃ nirākṛtābhyāṃ tu sattvavṛddhyā nivartate*). Therefore *sattva* seems to be the normal condition of *puruṣa*, as opposed to the bad one caused by *rajas* and *tamas*, as also later accentuated by *Cas śārīra* 1,*66* and *140*. This difference in *CaS*, corresponding to the predominant opinions of *MBh*, must be noted in comparison with the prevailing motives of *SuS*. Incidentally, the Buddhist physicisians do not know the philosophical meaning of *rajas* and *tamas* ; *sattva* is for them the living being (cf. BOWER-Manuscript 6, *15* and *16*). *SuS śārīra* 4, *32-37* discusses the doctrine of the heart. The last is the seat of *cetanā* (as also in *CaS*), which carresponds to *sattva* in the waking state, as opposed to *tamas*, which causes sleep (*35*). But *rajas* has here an influence in two directions or at least on *manas*. On the other hand the characteristic general feature can be recognised as the old tradition of the contrast of light and darkness, the latter literally expressed by *tamas*. With regard to *sattva*, the meaning intimated is demonstrated later. It is worthy of note that *rajas* is connected also only with *tamas* in the same chapter of *SuS* and in a more detailed text of pathological colouring, as the following table shows :

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	pitta	*anila vāta*	*kapha śleṣman*	*tamas*	*rajas*
	bile	wind	phlegm		
mūrchā (swoon) ...	+			+	
bhrama (vertigo) ...	+	+			+
tandrā (lassitude) ...		+	+	+	
nidrā (sleep) ...			+		+

Sattva is here totally absent in this negative phase or in this pathology. *CaS śārīra* 3, *19* discusses *sattva*, which is also denoted as *manas* and as *upapāduka* with reference to its importance. There are 3 kinds: *śuddha* = shining [i. e. *manas* in its special meaning], in addition *rajas* and *tamas*. *CaS śārīra* 4, *37* repeats this detailed composition in the same manner, and characterises *śuddha* as a non-fault or non-disease (*a-doṣa*) on account of its arising from goodness (*tatra śuddhamadoṣamākhyātaṃ kalyāṇāṃśatvāt*). And if the following broad deductions are surveyed, no pathological contents become really evident, not even in the conclusion (*57*), which explains the 7 kinds of shining *sattva* by conformation (*anukāra*) to gods and sages. Therefore the meaning of *sattva* in the old medical theory of *CaS* (also in old *yoga*) differs from the later pessimistic opinions or philosophy. The striking term of *sattva* as *śuddha*, as not seldom employed in *CaS*, points to the same direction. All these deductions refer to the foregoing declaration in the text, that there are two faults or diseases of *sattva* in contrast to the three ones of the body, viz. wind, bile, phlegm (4, *35*: *tatra trayaḥ śarīradoṣā vatapittaśleṣmāṇaḥ, te śarīraṃ dūṣyanti* 1 *dvau punaḥ sattvadoṣau rajastamaśca, tau sattvaṃ dūṣayataḥ*). This system is a principal axiom in the Indian scientific medicine. It is emphasised as the outline in *CaS sūtra* 1, *56* and several times related as in *sūtra* 11, *28*, *nidāna* 1, *4*, 8, *4*; *śārīra* 5, *12*. The distinction between diseases of the body and of the mind exists also in *MBh* XII, *1254*, as well as in the pathology (*7831*) of wind, bile, phlegm in antithesis of *rajas* and *tamas* alone, in spite of the 3 *guṇas* mentioned in *7830*. *SuS* knows also the two groups of diseases; those of *manas* are first of all established by the commentator *Ḍallana* as *rajas* and *tamas* exclusively (e. g. *sūtra* 24, *5* or *cikitsā* 27, *5*). In the text of *SuS*, the trinity of the *Sāṃkhya* is generally predominant. But the commentator reflects older opinions, as the special pathology will explain.

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In consequence of the combinations, favoured in Indian medicine, there are also here corresponding results, such as the relation of wind to *rajas*, of bile to *sattva* [bile means fire ; cf. e.g. SUDHOFFs Archiv 1932, *9 ff. 19 ff.*], and of phlegm to *tamas* (e. g. *Ḍallana/SuS uttara* 66, *9*). Also a figurative relationship of ideas can sometimes have effected those combinations, as for instance that of an energetic moment causes perhaps the connection between wind and *rajas* in *SuS nidāna* 1, *8*. But such observations do not justify a critical mixture of the two systems. With reference to the historical development of the opinions about diseases, it must be annotated that every illness was a demon in the view of the oldest times (cf. "Die Medizin im Ṛg-Veda", Asia Major 1930, *315 ff.*). But at the latest in *MBh* it is recognizable that the theoretical evolution of knowledge advances to the direction of abstraction as opposed to the old perception of the diseases as persons. Concerning this theme, *MBh* XII, *7838* can be quoted, where *sattva* is the *guṇa* of the gods, *rajas* and *tamas* those of the Asuras ; the last two should approximately correspond to the demons (cf. *SuS sūtra* 30, *22*, 31, *31*, 45 *III*), who emerge as *bhūtas* in scientific medicine. The diseases caused by the *bhūtas* [of course without immediate connection to the same philosophical signification] are here added to by *unmāda* (insanity) and *apasmāra* (loss of memory or epilepsy).

Of the medical traditions there are two principal ones, those of *Ātreya* in *CaS* and in *Bheḷa-Saṃhitā* (*BhS*), to which the *Mādhavanidāna* (*MāN*) is not dissimilar, and on the other hand *SuS*, the arrangement of which is preserved by *Vāgbhaṭa* in his *Saṃgraha* (*VaS*) and *Hṛdaya* (*VāH*). The following table offers a summary :

		CaS	*BhS*	*MāN*	*SuS*	*VāS*	*VāH*
		nidāna	*nidāna*	(*nidāna*)			
unmāda	...	7	7	20			
apasmāra	...	8	8	21			
		cikitsā	*cikitsā*		*uttara*	*uttara*	*utttra*
bhūta	...				60	7-8	4-5
unmāda	...	9	8		62	9	6
apasmāra	...	10	9		61	10	7

For that, some annotations, only concerning this theme, are expedient. Without regard to the transposition of *uttara* 62 and 61, *SuS* is in accordance with the arragement of *VāS* and *VāH*,

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on account of the traditional origin of matter from *āyurveda*. The *nidāna* parts stand nearer to the last mentioned old medicine, of which the text ingredients have not been preserved, than the *cikitsā* parts of the *Ātreya* traditions do. For, at all events, the relation to the *āyurveda* in *CaS sūtra* 30, *24* is clearly secondary, probably supplemented by *Dṛdhabala*, who also revised these parts of *cikitsā*, perhaps in an extensive manner. The *nidāna* finishes in 8 with a great general conclusion, while the special instruction of *apasmāra* in only placed before it (kolophon in *16*). Such points prove a certain superiority of the text of *SuS*, which are old, without prejudice to their supplementary insertion during the redaction of the principal surgical collection.

SuS uttara 60-62 is named *Bhūtavidyātantra* and therefore characterised as a treatise of the science of demoniacal beings. As already mentioned, every disease was originally a hostile god or person. Scientific medicine still considers this primitive basis of knowledge, for e. g. *CaS sūtra* 17, *117* designates bodily disease with the vedic name *amitra* = non-friend or enemy. The translation of *bhūtas* by demoniacal beings is therefore caused more by modern occidental opinions ; and likewise *amānuṣa* (*SuS uttara* 60, *1*) means non-human in Indian opinion, but not super-human. Nevertheless, a development in the direction of abstractive ideas must be assumed for *unmāda*, the diasease of *manas*, and *apasmāra*, that of *smṛti*. This evolution is proved in *SuS uttara* 61, *3* by the philosophically coloured declaration thal *smṛti* is the discernment of sense-objects, and the state of loss is *apa* in the word *apasmāra* (*smṭirbhātārthavi jñānamapaśca parivarjane*), Thereafter (*5*) *rajas* and *tamas* are quoted, in their influence on *cetas* (*6*). It is not a casual or incidental mention in the description of the numerous symptoms of this disease. For *SuS uttara* 61, 8 abridges by repeating that the man becomes a lunatic in the influence of *rajas* and *tamas* because *cetas* quivers (*rajastamaḥparīteṣu mūḍho bhrāntena cetasā*). Such contents do not agree with the predominant classical *Sāmkhya* of other texts of *SuS*. According to the criticism of comparison of diverse medical traditions above, the tenor of this deduction of *rajas* and *tamas* is doubtless old, like the contents of *CaS nidāna* 8.

On the other hand, the symptoms of *apasmāra* are not exhausted by this isolation of *rajas* and *tamas*, which are indeed accentuated, but here placed first on account of the theme. As in

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the description of every disease in Indian medicine, there are also here in the text other symptoms, which allow practically the diagnosis of an epileptiform state for *apasmāra*. Thereby the implication of *CaS nidāna* 8, 7 (also 7, 3), that *tantraprayoga* causes this disease, is interesting ; GANGULI (1. c. *989* and *1002*) refers to the *Haṭayoga* from personal observation. FORESTER has recently and independently proved that excessive respiration causes such diseases (Hyperventilations-epilepsie, Deutsche Zeitschrift für Nervenheilkunde 1924, *347 ff.*). At last, the chief system of *apasmāra* is the *tridoṣa*-doctrine in all Indian traditions, partly without combination of the *rajas-tamas*-pathology, e. g. in *BhS*. This latter system appears therefore as a secondary one and is dispersed in its influences because of some differences in nomenclature. The *tridoṣa*-doctrine of bile, wind, phlegm is probably older than the medical influence of *rajas* and *tamas*, which may be received by already systematically instructed physicians.

CaS nidāna 8, 5 begins the systematology of *apasmāra* as entrance into *tamas* and repeats it not only among the special signs ranging *tamas* between *moha* (delusion) and *mūrchā* (swoon), but also in connection with vision of darkness, so that *tamas* is not only employed in a figurative sense. The commentator has also limited himself principally to the explanation by means of *tamas*. *BhS* and *MāN* accentuate only *tamas* (cf. also the Turkistan manuscript fragment of 9th century, ed. LUDERS, "Aus Indiens Kultur" *150 ff.*), as also *VāS* and *VāH* do, in spite of the same arrangement of the materials as in *SuS*, That proves that the principal symptom here is *tamas*. Its literal meaning of darkness is not seldom changed figuratively in the medical texts. In this way, *tamas* is replaced by *moha*, e.g.in *CaS śārīra* 1, *99*, *106*, *cikitsā* 10, *54*, while *rajas* is preserved in the influences on *sattva* ; also by *smṛtibhraṃsa* (loss of memory) as approximately corresponding to *apasmāra*, which is already well known as disease in *MBh* XII, *11268*. But on the other hand, the symptomatology is also founded as *andhakāra* = making blind in the *Mādhukośa* (ca. 15th century) of *MāN* 21, 1. At all events, the meaning of darkness colours the technical term *tamas*, evidently in contrast to light. The last is emphasised in *cetas* because of its etymological origin of *cit*-shine, as of similar words as *citta* etc. The real proof for the idea of light in contrast to darkness may be based upon the explanation of *sattva*

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as *śuddha*. And the perseverance of this opinion is recognisable also in *CaS śārīra* 5, *6* by the antithesis of *moha* and *tamas* in relation to *jnāna* (knowledge) and *jyoti* (light). Thereafter *rajas* remains as a determination, which is adjacent to *tamas*. The etymological explanation of *rajas* as 'EGEBoc points in the same connection (UHLENBECK *243*). Also in the *Atharvaveda* VIII, 2, *1*, X, 3, *9*, XIII, 2, *8*, XIX, 47, *1*, as cognate meaning which may be extended otherwise into fumes, dust etc., is evident in the relation of macrocosmos. Also as menstrual blood, *rajas* is originally a bad or dark matter, perhaps in contrast to the shining semen (cf. Asia Major 1930, *337—340*). Finally a survey of the theme can be taken from *CaS śārīra* 4, *37* ; here *śuddha* (for *sattva*) corresponds to goodness, *rajas* to wrath (*roṣa*), *tamas* to *moha*. The psychological motive in this state of affairs seems to be older than those of *Sāṃkhya* of *SuS*. In this connection, *CaS* admits a historical insight into a development here as also often otherwise. The chief illness of Indian medicine, fever *(jvara)* is discussed in *CaS cikitsā* 3 with reference to the *nidāna*. One of the names of *jvara* is here *tamas* (*13*) in consequence of the oldest medical ideas, and *tamas* is also a result (*prabhāva*) of *jvara* (*26*). In this way also subjective symptoms of the disease may be described. *Roṣa* corresponds to *kopa* of the god *Rudra* (*14*) as outbreak (*pravṛtti*), perhaps in a similar sense as *rajas* of the elephant (*Atharvaveda* X, 1, *32*). The practical observation of the Indian physicians, tending in a functional direction from the very beginning builds up a basis, therefore, where the disease was a person, and retains this idea also in their scientific medicine (*jvara* in the place of *bhūta* in *CaS cikitsā* 3 etc.). Those ideas cannot be criticised from a modern occidental perspective, but only in their native dependence. Here also the first germs of a scientific development couched in the fire doctrine, which is frequently enough preserved in the professional medicine. Even the latter *Sāṃkhya* can offer an example in this case by *SuS śārīra* 1, *4* and *19* ; *rajas* is literally paraphrases as fire form by *taijasa* in the meaning of energy, and a little later the fire by the same technical term (*taijasa*) as *bhūta*.

To conclude shortly, the 3 coordinate *guṇas* of the classical *Sāṃkhya* have been secondarily inserted into the later parts of the medical compendiums. In the old medicine, the union of *rajas* and *tamas*, as faults, is isolated in contrast to *sattva*, the

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mind, the meaning and importance of which borders on a kind of idea of soul, as *puruṣa*, *ātman* etc., not here discussed. The evident relations between the old medical theories with contents of *MBh* do not however allow a critically established distinction of dependence on one another in every case within the limits of this theme ; reciprocal influences are probable. But even the theory of *sattva* and *rajas-tamas* shows symptoms of a proper origin in the medicine back to the oldest ideas intimated by light and darkness, so that a peculiar development is here, at all events throughout, passible among the old physicians.

GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

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(*Continued from our last issue.*)

Makkala is both a disease of pregnancy and puerperium ; there is serve pain in the head, hypogastrium, and abdomen of the mother (Va). It is of two kinds :—(*a*) *Garbha-Makkala* (Extra-Uterine Pregnancy ; Blood-Mole). It occurs in pregnant women ; there is pain in the uterus ; then from any cause, the mind is excited, and *Vayu* is aggravated ; this causes pain in the flanks, proves very harmful to the fœtus and then kills it ; (*b*) *Prasuti-Makkala* (Pelvic Abscess, Retained Lochia).—The *Vayu* is aggravated of its own accord in the puerpera's body after delivery ; it stops the discharge of blood and other dirty matter which normally takes place ; a tumour appears which lies either in the hypogastrium, or the flanks, or in the bladder region, or on top of the bladder ; it causes pain in the abdomen ; the mouth of the uterus contracts ; the uterine cavity is enlarged ; urine is blocked ; respiration becomes difficult and is followed by death (Sha.).

Signs and Symptoms :—The lochia of a newly delivered woman is obstructed in its exit by the Local *Vayu*, if her organism has

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become excessively dry on account of excessive use of absorbents, or has been deranged by any other cause ; it gives rise to nodules below the navel, on the sides of the pelvis, about the region of the umbilicus, the stomach, and the bladder ; there is a sensation of pricking with a needle and cutting pain in the intestines ; the abdomen is distended with retention of urine (Su.).

General Treatment :—(1) Give powder of ginger. *Piper nigrum*, *P. longum* fruit, *Cinnamomum zeylanicum*, *Elettaria Cardamomum*, *Cinnamomum Tamala*, in a decoction of *Coriandrum sativum* (Va.). (2) Give a decoction of drugs of 'Dichrostachys cinerea' group, mixed with a compound of 'Ushakadi' group of drugs ; (3) give the alkali from barley, dissolved in tepid water or in ghee ; (4) give 'Saindhava' salt dissolved in the decoction of 'Piper longum' group of drugs ; (5) give drugs of 'Piper longum' group with 'Sura-Manda' wine ; (6) give with the decoction of the drugs of 'Cratæva religiosa' group the powders of *Elettaria Cardamomum*, *Piper longum* root and fruit, *Piper Chaba*, *Plumbago zeylanica*, and ginger ; (7) give with the decoction of 'Uraria picta' group of drugs, powder of *Piper nigrum* and *Cedrus Deodara* ; (8) give powders of *Piper longum*, *P. nigrum*, ginger, 'Chaturjataka, and *Coriandrum sativum* ; (9) give any simple 'Arishta' (Wine) (Su.).

(*iv*) YONI-SANVARANA (Stricture of the Cervix of Vagina) ;—It is due to indulgence in *Vayu*-producing food, excessive sexual intercourse, and sleepless nights ; the aggravated *Vayu* contracts the uterine opening, enters the uterus, affects the fœtus, and stops its mouth and respiratory processes ; the fœtus dies quickly, and consequently the enciente also dies due to heart trouble ; it ends fatally (Shrikantha).

IV. Ectopic Gestation.

RAKTA-GULMA :—This has already been described under Tumours in Gynæcology Section.

V. Abortion and Miscarriage.

GARBHA-PATA (Abortion and Miscarriage) :—It is of two kinds.—(*a*) a liquid discharge, *i.e.*, an abortion, and (*b*) the delivery of an undeveloped fœtus, *i.e.*, a miscarriage ; a blow with a stick, etc., uneven seat, and other body troubles cause the fœtus to fall off from the uterus like a ripe fruit from the tree (Sha.). Any menstrual flow in the 2nd or 3rd month of pregnancy should be con-

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sidered an *abortion* (Ch.). The fœtus is in a liquid state for the first four months ; hence its destruction or coming out of the womb is called an abortion ; the limbs of the fœtus gain in firmness in the 5th and 6th months of pregnancy ; its coming out at this time is called a *miscarriage* (Su.). Upto the 3rd month the fœtus comes out as blood (Bhoja).

Causes of Abortion :—Excessive sexual intercourse, hard work, carrying heavy burdens, travelling wearing heavy clothes, sleeping at odd times, sitting on a hard place, fasts, eating pungent, hot, heavy, and constipating foods ; fear, grief, anger, worry ; not to satisfy longings of pregnancy ; emetics, venesection, purgatives and enemas upto the 8th month of pregnancy ; these cause not only abortions, but also death of fœtus, which may ultimately become a tumour (Va.).

Abortion is due to a blow on the fœtus, constant pressure on the abdomen, travelling in bad conveyances, on uneven roads, hearing sudden loud sounds like that of gun-fire ; obstructed longings derange the *Vayu* which kills the fœtus ; the enciente is in such a delicate condition that any irregularity in food or shock is unbearable, and brings on an abortion (Ch.). Abortion is possible if the menses show before the 3rd month is complete, or if there is stomach trouble ; menses may appear on account of disease (Va.).

Signs and Symptoms :—A fœtus on the point of being miscarried produces pain in uterus, bladder, waist, and inguinal region ; there are pains in the back and the sides, burning sensations, excessive discharge of blood, and retention of urine and feces ; a fœtus changing place or shifting from one place to another swells up the abdomen (flatulence ?) (Su.).

Prognosis :—Improper regimen after abortions, misearriages or full-term delivery aggravates two or more Humours and cause fevers of the puerperium (Ch.). *Apana-Vayu* is aggravated by abortions and miscarriages (Va.). Do not give vaginal enemas after abortions (Ch.).

(*i*) THE TREATMENT OF INCIPIENT ABORTION :—The enciente should avoid all contraindicated things ; if there is menstrual flow on account of indigestion, the fœtus usually dies ; for if hot remedies are given to cure the indigestion there is fear of abortion and if astringents are given to stop the menstrual flow, indigestion would increase and cause more menstrual flow ; in short, there is no

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remedy for this condition (Ch.). In case of *Threatened Abortion* or *Miscarriage*, treat according to the month of gestation with the following drugs boiled with milk; the severe pain vanishes and the fœtus continues to develop safely in the womb (Su., Va.).

1st Month.—Give cooked with milk the paste of *Tectona gradis* seeds, 'Kshirakakoli,' *Cedrus Deodara* and liquorice.

2nd Month.—Give with milk the paste of *Bauhinia tomentosa*, *Piper longum*, *Rubia cordifolia*, *Nardostachys Jatamansi*, *Asparagus racemosus*, and *Sesamum indicum* (black) seeds.

3rd Month.—Give with milk the decoction of *Loranthus longifolius*, 'Kshirakakoli,' *Cynodon Dactylon*, *Hemidesmus indicus* white and black variety.

4th Month.—Give with milk the decoction of *Fagonia arabica*, *Hemidesmus indicus*, *Vanda Roxburghii*, *Rubia cordifolia* and liquorice.

5th Month.—Give with ghee the paste of *Solanum xanthocarpum*, *S. indicum*, *Gmelina arborea*, sprouts and barks of plants with milky juice (*Ficus bengalensis*, etc.).

6th Month.—Give with ghee the paste of *Uraria lagopoides*, *Sida carpinifolia*, *Moringa pterygosperma*, *Tribulus terrestris*, and liquorice.

7th Month.—Give with milk and sugar the paste of *Trapa bispinosa*, the stem of *Nymphœa lotus*, *Vitis vinifera*, *Scirpus grossus*, and liquorice.

8th Month.—Give milk cookod with the roots of *Feronia elephantum*, *Aegle Marmelos*, *Solanum Xanthocarpum*, *Trichosanthes anguina*, *Saccharum officinarum*, and *Solanum indicum*.

9th Month.—Give milk cooked with *Hemidesmus indicus* white variety, *Fagonia arabica*, 'Kshirakakoli' and liquorice.

10th Month.—Give milk cooked with 'Kshirakakoli,' liquorice, ginger, and *Cedrus Deodara* (Su., Va.).

Special Measures to stabilize a Gravid Uterus:—The enciente should hold in her hand, or keep on her head, drugs like *Citrullus Colocynthis*, *Cynodon Dactylon*, *Tinospora cordifolia*, *Terminalia Chebula*, *Hydrocotyle* asiatica, *Stereospermum chelonoides*, *Sida carpinifolia*, *Picrorhiza Kurrooa*, *Sida cordifolia*, and *Dioscorea bulbosa*; she should drink milk or ghee cooked

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with the above drugs, bathe with a decoction of the same drugs, and should apply a paste of these same to the body (Ch.).

INCIPIENT DEATH OF THE FŒTUS AND MISCARRIAGE :—To prevent this (1) give mild anointing remedies ; (2) a diet of soup of the flesh of the osprey and sufficient ghee ; (3) give *Dolichos biflorus*, *Sesamum indicum* seeds ; dried *Ægle Marmelos* fruit and then give for one week, honey and liquorice (Su.).

Immediate treatment aims at alleviating pain, steadyiug the fœtus, etc. *In case of Pain without bleeding*, (1) give milk boiled with *Phaseolus trilobus*, *Phaseolus radiatus*, *Tribulus terrestris*, *Solanum xanthocarpum*, *Bassia latifolia*, flowers, sugar and honey ; (2) give milk boiled with liquorice, *Cedrus Deodara*, and *Ipomœa digitata* ; (3) or with *Bauhinia racemosa*, *Asparagus racemosus*, and *Ipomœa digitata* ; (4) or with drugs of 'Desmodium gangeticum' group ; (5) or with *Solanum indicum*, *S. xanthocarpum*, *Nymphœa lotus*, *Asparagus racemosus*, *Hemidesmus indicus*, *Ipomœa digitata*, and liquorice (Su).

TO PREVENT MISCARRIAGE IF THERE IS A MENSTRUAL FLOW.

General Treatment :—give milk or ghee only ; (2) give anthers of *Nymphœa* lotus (white, blue and red), ground in honey and sugar ; (3) give *Trapa bispinosa*, *Nymphœa lotus* seeds, and *Scirpus grossus* ; (4) give blue *Nymphœa lotus*, *Nymphœa lotus* roots, *Ficus glomerata* fruits, 'Shalalu,' *Ficus bengalensis* sprouts with milk of goat ; (5) give *Sida carpinifolia*, *Grewia asiatica*, *Oryza sativa* roots ; *Saccharum officinarum* roots, liquorice, and 'Kakoli,' cooked with honey and sugar ; and give with it to eat cooked 'Shali' rice ; (6) give soup of quail, brown partridge, an antelope' spotted deer, hare, black deer, 'black tailed' bird with cooked rice (Ch.). (7) All remedies for Hæmorrhagic Diathesis (*Rakta-Pitta*), excepting emetics, purgatives and dry enemas are good (Va.). (8) Give milk prepared with 'Jivaniya' group of drugs ; (9) give cow's milk boiled with dried tender fruits of *Ficus glomerata* ; *for excessive hæmorrhage*, (10) give a linctus of the powdered chamber of 'Koshthagarika' insect, *Rubia cordifolia*, *Woodfordia floribunda*, *Jasminum Sambac*, Red Ochre, resin, extract of *Berberis asiatica*, and honey ; (11) give bark and sprouts of 'Ficus bengalensis' group of drugs boiled with milk ; (12) give milk boiled with drugs of 'Nymphœa lotus' group (Su.).

Local Treatment :—(1) The enciente should lie in a cool place on a soft bed with a cool bed sheet, and no pillow ; (2) give a cool

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hip-bath ; (3) apply to lower part of abdomen ghee washed one hundred, or a thousand times ; (4) apply to the same part a lint-piece soaked in cool cow's milk ; (5) or one soaked in cool decoction of liquorice ; (6) or in decoction of *Ficus bengalensis* ; (7) insert in the vagina a cotton-swab soaked in ghee cooked with liquorice, and cooled ; (8) or one soaked in juice of milky plants like *Ficus bengalensis*, or in juice of acrid plants ; (9) or in milk or ghee cooked with drugs of 'Ficus bengalensis' group ; (10) and also give this same milk or ghee to drink as medicine (Ch.). (11) Treat inside and outside of the body with oleaginous and cool remedies ; (12) apply to the pubic region repeatedly, ghee and the paste of *Andropogon muricatus*, *Nymphœa lotus*, *Santalum album*, and barks of milk-yielding plants, *e.g. Ficus bengalensis*, *F. glomerata*, *F. religiosa*, *F. retusi* and *F. Rumphii* ; insert the paste in the vagina also (Va.).

(*ii*) THE TREATMENT OF THREATENED OR INEVITABLE ABORTION OR MISCARRIAGE :— If in spite of the foregoing treatments abortions occur, then to purify the uterus and to lessen the pains give (1) powerful wines to drink ; (2, give without ghee conjee with decoction of drugs of the small group of 'Five roots' ; (3) for one not accustomed to wines, give conjee of 'Uddalaka' rice, with *Sesamum indicum* seeds, decoction of drugs of the large group of 'Five Roots' and paste of *Piper longum* roots and fruit, *Piper Chaba*, *Plumbago zeylanica* and ginger (Va.).

Continue these remedies for as many days as the months of pregnancy before abortion ; do not give oily foods and salts ; food should be appetising and light to digest ; after that, use strengthening and stomachic tonics, oleaginous remedies, foods, and enemas (Va.).

(*iii*) MISSED ABORTION :—Three varieties are found in the literature.—(*a*) *Vishtambha-Garbha*, (*b*) *Nagodara*, and (*c*) *Lina-Garbha*.

(*a*) VISHTAMBHA-GARBHA (Intra-Uterine death of the Fœtus) :— Irregular meals, dry foods, and such causes aggravate the *Vayu* of the enciente ; it dries up the fœtus ; since the fœtus is not nourished, that woman's flanks do not enlarge ; (this may be due to chronic Nephritis or Syphilis). The fœtus moves and kicks very very gently ; it is also affected by the *Vayu*, and after some time turns into a tumour (Sha,).

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(*b*) NAGODARA (Fleshy Mole, Uterine Fibroids, Maldevelopment of the Fœtus) :—It is a disease in which the fœtus dries up and remains in the abdomen long after the delivery period on account of the enciente eating bad food, food without any ghee or oleaginous matter ; or is due to her observing severe fasts (Ch.). Grief, fasts, indulgence in dry foods, and excessive blood-discharge aggravate *Vayu* ; the fœtus dries up ; the size of the abdomen diminishes, and the fœtus throbs very gently (Va.). At the time of the union of the 'Semen' and the 'Menstrual Fluid,' the *Vayu*, that is aggravated, gives the fœtus the shape of a snake ; the abdomen enlarges ; this fœtus is then either aborted, or it is absorbed in the abdomen (Sha.).

Treatment :—(1) Give the medicated milks mentioned for incipient abortions and miscarriages ; (2) give raw fœtus of goat and of other animals ; (3) give other medicines for the growth of the fœtus, *e.g.*, 'Bhautika,' 'Jivaniya,' 'Fattening,' 'Sweet,' and 'Anti-*Vayu*' group of drugs ; (4) when hungry, give her food with ghee cooked with these same drugs ; (5) give her a more comfortable life, comfortable surrounding, and let her observe healthy regimen of pregnancy (Ch) ; (6) give eggs ; (7) when she gets fat, agitate the fœtus again by giving the enciente hard exercise in carriages, horse-rides, and elephant-rides (Va.).

(*c*) LINA-GARBHA, *Prasupta-Garbha* (Ch.). *Gudha-Garbha* (Sha) :—The fœtus becomes motionless, and makes no movement (Ch.). The fœtus is affected by *Vayu*, becomes motionless, remains so for a long time, and ultimately dies (Su.).

Treatment :—(1) Give soups of the flesh of falcon, fish, bison, partridge, fowl, or peacock, with ghee ; (2) give 'Shali' rice with decoction of *Phaseolus radiatus* or *Raphanus sativus* ; (3) give with milk raw *Ægle Marmelos* fruit, *Sesamum indicum* seeds, *Phaseolus radiatus*, and *Hordeum valgare* flour ; (4) give fatty meat ; (5) give wine of *Vitis vinifera* ; (6) massage the abdomen, groins, thighs, waist, loins, and the back with warm oil (Ch.) (7) Keep such a woman happy (Va.).

The fœtus then commences to grow ; otherwise it may take many years to grow, and even after full growth the delivery is very difficult add painful ; or the fœtus may not grow at all even during the life time of the enciente (Va.).

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VI. Associated Disorders.

(i) Pain in Pelvis, Bladder and Abdomen :—*Treatment.*—(1) give old treacle mixed with drugs of 'Dipaniya' group, *e.g.*, *Piper longum* root and fruit, *Piper Chaba*, *Plumbago zeylanica*, ginger ; (2) or light wine like that from *Terminalia Chebula* (Su.).

(*ii*) Stomach Troubles :—*Treatment.*—(1) give cooling and dry remedies ; (2) give decoction of *Cyperus rotundus*, *Andropogon muricatus*. *Tinospora cordifolia*, *Cleosanthes indica*, *Coriandrum sativum*, *Fegonia arabica*, *Glossocardia Boswellia*, *Santalum album*, *Aconitum heterophyllum*, and *Sida carpinifolia* ; (3) give rice, *Panicum italicum*, etc. ; (5) when the stomach trouble is cured, give oleaginous remedies (Va.).

(*iii*) Anæmia and (*iv*) Fever are mentioned by Harita as possible disorders of Pregnancy.

PATHOLOGY OF LABOUR :—

(*i*) Protracted Delivery.

Local Treatment :—In protracted delivery, or in an obstruction of the child at the vagina.—(1) fumigate the vagina with the fumes of the cast-off skin of Cobra, or (2) of *Randia dumetorum* ; (3) roots of *Solanum xanthocarpum* should be tied round the neck or the waist ; (4) tie root of *Linum usitassimum* or *Stereaspermum suaveolens* round the wrist or ankle (Su.). To bring about quick delivery ; (5) apply to the navel of the enciente the root of *Gloriosa superba* ; (6) apply similarly the paste of *Sida carpinifolia root*, *Sarcostema brevistigma* and *Helianthus annuus* ; (7) apply to the hypogastrium the paste of *Asparagus racemosus*, *Swertia Chirata*, *Solanum indicum* root, *Piper longum*, *Carum copticum*, and *Acorus Calamus* ground in hot water ; (8) apply to the hypogastrium the paste of the roots of *Gloriosa superba*, *Luffa echinata*, *L. acutangula*, and *Leucas cephalotus* (Ha.).

(*ii*) Loop of the Umbilical Cord round the neck of the fœtus is due to the enciente sleeping always on her back (Ch.).

(*iii*) Delivery of the Dead Fœtus.

Treatment :—(1) Give a warm bath to the enciente ; (2) apply paste of the top layer of fermented wine, treacle, and salt to the part ; (3) insert in the vagina a suppository of the gum of *Bombax malabaricum*, gum of *Linum usitassimum* ; (4) try remedies mentioned for removing the placenta : (Va.)

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(*iv*) RETAINED PLACENTA.

The retained placenta causes constipation, tympanitis or flatulence (Su.) ; Charaka says that these cause retention of placenta.

General Treatment :—(1) Give her to drink the paste of *Saussurea Lappa*, *Pinus Gerardiana* mixed with the decoction of *Saccharum cylindricum*, or the upper fluid of 'Mairaya' wine, or the decoction of *Dolichos biflorus*, or of *Hydrocotyle asiatica* and *Piper longum* ; (2) the paste of *Elettaria Cardamomum*, *Cedrus Deodara*, *Saussurea Lappa*, dry ginger, *Embelia Ribes*, black salt, treacle, *Piper Chaba*, *Piper longum*, *Plumbago zeylanica*, and *Nigella sativa* should be mixed with either of the above three decoctions and given as a draught ; (3) cut off the right ear of an old ox or ass kept near the lying-in room for the purpose, pound it on the curry-stone, soak well for some time in any of the above decoctions, remove the pounded ear, and give the decoction as a draught ; (4) give to drink paste of *Gloriosa superba* roots and *Saussurea Lappa* ground in wine or cow's urine ; (5) give a paste of 'Shali' rice roots to drink ; (6) give drugs of '*Piper longum*' group with wine ; (7) give an enema of *Saussurea Lappa*, *Gloriosa Superba*, *Euphorbia neriifolia*, 'Suramanda' wine, and white mustard seeds (Su)

(*To be continued.*)

Reports of Societies, etc.

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THE 24th ALL INDIA AYURVEDIC CONFERENCE.

The 24th session of the All India Ayurvedic Conference was held this year at Shikarpur (Sind) on the 15th, 16th, 17, and 18th February 1934. A strong Reception Committee of the Vaidyas and well-wishers of Ayurveda was formed under the Chairmanship of Vaidyaraj Bhawanidatta. The Pradhan Mantri of the Reception Committee as well as other members of the Reception Committee took great pains to make the conference a success.

Election of the President.

Names for the presidentship of this conference were called from Ayurvedic Institutions all over India and the Reception Committee

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suggested the names out of these for the presidentship viz. Kaviraj Pratapsimha, Benares Hindu University Ayurveda Vibhaga, Shri Girindra Nath Mukerjee, B. A, M. D. Bhishagacharya, Editor Journal of Ayurveda and Captain Pannikar, L. R. C. P., M. R. C. S., Principal Ayurvedic College, Colombo. Kaviraj Pratapsimha got the highest number of votes and was duly elected as President of the Conference. The Reception Committee requested the Vaidyas all over India to attend the Conference in a large number and make it a success.

THE ALL INDIA AYURVEDIC EXAMINATIONS.

The Annual Examinations of the All India Ayurveda Vidyapith will commence on 29th of March 1934 at different centers in India. It had been decided by the Ayurveda Vidyapith that Examinations shall commence on the last Thursday of March every year unless mentioned otherwise. Students desirous to appear for the Vidyapith Examinations should get application forms from the office of the Vidyapith, Poona 2, by sending the necessary postal stamps and should send the forms duly filled in to Vidyapith Office, Poona 2, before 25th February 1934. Examination fees, Rs. 3/- for Bhishak, Rs. 5/- for Visharad and Rs. 7/- for Acharya Examinations, must be sent along with the application forms. Forms without examination fees will not be accepted. Application forms or examination fees will not be accepted after the 25th of February 1934.

Application forms can be had from the Provincial Secretaries of the different provinces as well as from the superintendents of different Centres. Application forms also can be had from the affiliated Ayurveda Vidyalayas and Institutions. Newly printed forms should be used. Old application forms have to be cancelled.

AYURVEDIC STUDENTS' CONFERENCE

THE EXHIBITION

Opend by Kaviraj Shyama Das Bachaspati.

On the occasion of opening of the Exhibition in connection with the All-Bengal Ayurvedic Students' Conference, a meeting was held on Wednesday last in the exhibition ground on the Vivekananda Road, under a beautiful "shamiana." Dr. Surendra Nath Das Gupta, Principal, Sanskrit

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College, who was to preside over the function, could not be present for unavoidable reasons. At the unanimous request of all present, Kaviraj-shiromoni Shyamadas Bachaspaty took the chair and opened the exhibition. On rising to address the meeting, he at first recited a few vedic Hymns and invoked the blessings of God with a few Sanskrit "slokas" composed for the occasion.

In course of a lengthy address Kaviraj Shiromoni Shyamadas Bachaspaty said, "This Conference of the students reminds me of the hopes and aspirations of my own student life. In the success of the students my life's ambition will be fulfilled and the efficacy of the system of Ayurveda, invented by the ancient Rishis, will be proclaimed. We should always remember that this system found out methods of treating not only of human beings but also of other animals, and even plants, of their diseases. It attained perfection in treating diseases in all the branches, such as Surgery, Midwifery, Medicine and others ; even in the unfavourable circumstances of the present day, the devotees of Ayurveda thave been able to keep its flag aloft by curing several difficult cases with the help of this system ; it is our bounden duty to see that we do not get bewildered with the dazzling appearance of what we know nothing of and get entangled by following a mirage and begin to lose our respect for and faith in this holy science. Ayurveda is extremely liberal and is capable of assimilating all that is good, whenever and wherever found, and has already done so in no small degree. But in taking any thing from outside, we must be careful that the speciality of Ayurveda is, in no way, impaired. In many cases what we think to be new are not really so but our own things under a new name. In a case like that, instead of being elated that we have got something new and extraordinary, we should be grieved that incalculable harm is being done to Ayurveda itself." Addressing the students he said, "You are the future hopes, you should always be conscious of your shortcomings, do not fail to take any real gem if you can find it ; I am waiting for the day when there will arise from amongst you such devotees of Ayurveda, who for his research and proficiency will be honoured and respected all the world over." With a few more words of encouragement to the students he declared the exhibition open.

DR. MALLICK

Dr. Amiya Madhab Mallick said in course of an illuminating speech that he had been a student of Ayurveda for about the last forty years, still he feels that he has learnt only a little, the subject is so very vast ; hence from those who have been reading the subject only for 3 or 4 years much cannot be expected. From the little experience he could gather, he could unhesitatingly declare that Ayurveda is founded on a solid basis,

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it is founded on truth. If the Western science could base itself on Ayurveda, it may hope for permanancy, otherwise it is sure to perish. If the students can go on keeping absolute faith in Ayurveda they are sure to succeed.

M. M. GANANATH SEN

In course of an instructive speech, Mahamahopadhyaya Kaviraj Gananath Sen said that "Kaviraji" and Ayurveda are not synonimous. They are differently prevalent in different parts of India. In some, metals are extensively used, in another only herbs are depended upon, and in a third only decoction (Pachan) is favoured; all these are different aspects of Ayurveda. I want the students to learn the entire Ayurveda; it is for them to make Ayurveda popular. He said that by prescribing prepared medicines, the Kavirajes are forgetting the properties of the component parts which are essential for a physician to know and he asked the students to carefully learn the different qualities of the different ingredients of the medicine they prescribe. The Doctors too having taken to prescribing patent medicines are gradually becoming incompetent to write out a prescription properly. He thought that an impression was gaining ground that the Aurvedic system of treatment was rather costly; the Western system was costly too, but it would be the duty of the students to find out means of keeping down the cost of treatment. Homeopathy was gaining in popularity only because it was less costly. He wished success to the students in their present undertaking.

Kaviraj Jyotirmaya Kavichintamani, Kavirajes Sarat Chandra Sen, Kishory Mohan Gupta and several others also spoke. Sj. Devi Charan Bramhachary, Chairman of the Reception Committee, in a nice littie speech thanked the president and the gentlemen present.

Amongst the present we noticed Rai Bahadur Chandi Charan Chattopadhyaya, Kavirajes Narendranath Das, Dwarika Nath Sen, Susil K. Sen, Bimalananda Tarkatirtha, Pramatha N. Sen, Shib N. Sen, Dharanidhar Shastry, Jamini R. Kabyatirtha, Sachindra N. Vidyabhushan, Amal Ch. Sen, Manindra K. Mukherji, Ashutosh Shastry, Manindra N. Sen, Drs. Shib Ch. Mallik, D. P. Paul, Sailendra N. Gupta, Kaviraj Rakhal D. Sen, Prof. Radha R. Vidyabhushan, Pandit Bishnu Ch. Tarkaratna and several others.

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Medical News & Notes

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ALL BENGAL AYURVEDIC CONFERENCE.

With a view to safeguard the interests of Ayurveda and to have co-ordination among the Ayurvedic physicians in different parts of Bengal, it has been decided to hold an All Bengal Ayurvedic Conference in Calcutta during the Easter holidays with Kaviraj Shyamadas Bachaspati in the chair.

In this connection, Mahamahopadhyaya Kaviraj Gananath Sen, M.A., L.M.S., appeals to all the Kavirajes of Bengal to muster strong at the Conference and make it a success. He says that real success can only be achieved by organised and concerted action. The mofussil Kavirajes who will be kind enough to join the Conference as delegates will find no inconvenience regarding food and lodging in Calcutta, as Calcutta has always been traditionally hospitable to her guests. With a view to meet the exigencies of the Conference, he appeals to all lovers of Ayurveda in Calcutta as also to all students and practitioners of Ayurveda to donate to the fund by becoming members of the Reception Committee. He also invites the Students of Ayurvedic institutions to work as Volunteers during the Conference.

All correspondence regarding this Conference should be addressed to M. M. Gananath Sen, to the office at 3B, Jeliatola Lane, Calcutta.

DIETETIC TREATMENT OF ACIDOSIS.

BABU BASANTI CHARAN SINGHA says that due to imposer regulation of diet the normal proportion of acid to base in the food is altered and urine becomes acidic or alkaline from such situations. Here he describes his method of treating such cases where normal ratio is disturbed, by purely dietetic means.

FOODSTUFFS TO BE AVOIDED

All the acid food-stuff of the table of Wright are to be avoided entirely or as much as possible. Oats and barley are to be shunned as poisons. The amounts of the others are to be reduced if they cannot be avoided, Protein being damaging to the kidneys. In cases of nephritis, meat, fish and eggs are to be avoided altogether and the amount of milk even is to be reduced.

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PRESCRIPTION OF DIET.

Bearing in mind the above facts we may now construct a table of foods for the patient to be taken per day—

	oz.	Cal.
Green banana pulp	16	500
Potato or sweet potato	16	450
Butter	2	225
Greens (leafy vegetables)	16	150
	(average)	
Vegetables	16	100
	(as of tomato)	
Gur (raw sugar)	8	900
Milk as dadhi	16	300
		2625

The diet will yield protein about 20 grams.—milk alone giving about 18 grams, a protein of very high quality. The amount of protein and the Caloric values may be reduced according to the condition of the patient.

For lunch some fruits may be taken along with germinated pulses. Orange juice or lemon juice or fresh lime juice is to be taken in liberal amounts. Dadhi with gur will help in implanting the lactic acid bacteria in the intestines. Acid fruit juices will help the secretion of the gastric and other digestive juices and the gastric juice will prevent putrefaction of foods in the intestines.

ILLUSTRATIONS BY SPECIFIC CASES.

(1) 'Mrs.—Hindu female (Marwari) aged about 20 came under my treatment on 7th April 1933. She was ghastly pale and anaemic and was constantly groaning with pain. She was edematous in face and legs and she had a slight ascitis too.

"I was shown a sample of urine which was nothing but blood and pus. On asking about her trouble she complained of burning pain in her abdomen. She had some hurried respiration."

HISTORY.

She had pain in the loins and burning sensation in the region of the stomach : never had pain during micturition. She used to have vomitting off and on and had total loss of appetite. She had a slight rise of temperature. She sometimes complained of pain in the limbs. Menstruation stopped last few months.

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"She was strict vegetarian living chiefly on chapati (bread made of whole-wheat meal unfermented), ghee, sweets, dal, vegetables, highly spiced and over-cooked, and no milk. She had much liking for "achars" or pickles and chillies and had very little fresh fruits. She was not accustomed to rise early. She never conceived and often suffered from menstrual disorders."

"On examination her urine showed presence of albumin (copious and some granulated blood casts), epithelial tissues with pus and blood corpuscles.

"Treatment.—The patient was first treated with saline purgatives and urinary antiseptics and was put on milk, plain and simple. The edema abated to some extent but the urine remained unchanged, the fever persisting. She was given some injections under the suspicion of her malady having been of venereal origin, but the urine still remained refractory."

"After about three weeks, she was put on dietetic treatment suggested by Mr. B. C. Sinha. She was allowed fresh greens (shak), dadhi, rice, germinating peas, molasses and some fruit juices. I was surprised one morning with the news that the girl had passed clear urine. I examined the urine immediately and found a trace of albumin and a faint reaction for blood. I gave her plenty of fresh lime juice with unrefined sugar in water to drink. After two days I went to see her and was surprised to find her sitting up in bed.

"She gained strength and weight in no time and left for her home in Rajputana all hale and hearty."

(2) Mr.—Hindu male aged about 32 of fair physique came under my treatment in the first week of May 1933 with complaints of acute abdominal pain associated with vomiting and retching of a very nasty type.

"He gave history of some error in diet as to the cause of his trouhles. He was treated with saline purgatives like bromides which gave him instantaneous relief."

About a fortnight later he came back with a relapse of his troubles in a severer form and he was given the same treatment. His troubles responded but slowly.

The third attack brought him back more quickly and in a desperate state and after a few days, the patient left with a view to obtain better treatment elsewhere, but he came back soon in a very dejected mood as he said his case had been diagnosed as one of appendicitis.

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"From the very outset I had an impression of some neurotic element being associated with his troubles and accordingly I cheered him up and put him under dietetic treatment as depicted in the diet chart of Mr. B. C. Sinha. He was allowed foods as follows :—

1. Early morning.—Dadhi with chira (flattened rice) well soaked in water.

2. Noon meal.—Green banana boiled and the flesh made into chapati by baking, with plenty of lightly boiled greens and fresh vegetables such as tomato, cabbages, carrots, beans, peas, etc.

3. Evening.—Dadhi with molasses.

"The patient recovered and became hale and hearty in about a month."

Cases treated by Dr. J. N. Ghosh, M.B. Muzaffarpur :—

(1) (The Doctor writes on October 20, 1932) "Maulavi—Mahommedan male aged 62. In the first week of September last he came to me and complained of polyuria, thirst and weakness. I examined his urine and found the following :—Sp. gr., 1035 ; albumen nil ; sugar 5 per cent.

"He was advised by me to curtail meat and carbohydrates from his diet and to take Pancrepatine regularly. This did him no good and after about a week he complained of drowsiness when his urine was again examined with the following results.—

Sp. gr., 1035 ; albumen, nil ; sugar, 5 per cent ; acetone, present, traces only.

"He was advised to take sodi-bicarb in big doses and to start fasting treatment immediately."

He placed himself under the treatment of Mr. Sinha. Maulavi—took the following diet per day as per Chart herein :—

Bread (chapati) made of about 4 ounces of whole-wheat meal.

Greens, plenty not less than 12 ounces, with some other vegetables, cooked by stewing in their own juice with spices.

One egg, a little butter, a pint of cow's milk and juice of lemons in liberal amounts.

After 15 days on this diet his urine was again examined with the following results :—

Sp. gr., 1012 ; albumen, nil ; sugar nil ; acetone, nil,

"He is doing very well now. He is still following the above dietary though not so strictly."

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(Note.—This patient, being a Mahomedan, is accustomed to take more meat and bread than vegetables and on his showing some reluctance to follow the dietary strictly, he was allowed to take some bread and one egg and advised to take greens in liberal amounts. The Mahomedans of the well-to-do class consider dadhi as "sufaid zahar" or white poison and are reluctant to take it. Now after 12 months he is all right and he usually walks about 6 miles a day. B. C. Sinha).

(2) "Patient Mr.—Hindu male of 60 years suffering from Cardiac Asthma, took several injections of Adrenalin or Epheadrel from me during the attacks temporarily. I tried several other drugs during the intervals (short) of the attacks but with little benefit. Then he stopped all drugs and remained under the dietetic treatment of Mr. B. C. Sinha for a month. During this period he had no attack of dyspnoea, but, as he thought the diet prescribed for him did not give him proper nourishment, he discontinued the treatment, and returned to his meat and bread diet. After that his attacks have appeared as frequently as before and he is at present again being treated by me."

Cases of Rai Sahib Dr. N. N. Gupta, Muzaffarpur :—

(1) "Patient Mrs.—An old Purdanasheen Mahamedan lady. On enquiries about her complaints, their nature, duration and severity, the relatives stated she had low intermittent fever, progressive ill health, loss of appetite and a sense of quick-tiredness."

"Temperature 102·4 and the patient complained of extreme thirst. Urine was ordered and on examination sugar detected. Fast allowed with plenty of water and goat's milk. Drugs tried but sugar persisted."

"I happened to see Mr. B. C. Sinha, M.A., who suggested his diet and I experimented on the old lady."

1st week—Spinach 8 ounces, green papaya 4 ounces (cooked), and goat's milk 16 fluid ounces.

2nd week—Increased the green papaya and milk to double.

3rd week—Spinach 8 ounces and papaya and milk as in second week with cucumber added.

"Urine was sugar-free at the end of third week."

(2) "Patient Mr.—Hindu male age 40 years. Called to see him for an abscess. He was an old patient of diabetes with ½ to 1 per cent of albumen."

"Operation performed after Insulin injection. Sugar returned after the Insulin was withdrawn. Put him on diet,—green vegetables with oranges and cucumbers. Free from sugar in 15 days. Albumen

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appeared after some time when salt and increased quantity of milk controlled it."

It is perhaps necessary to observe that the preponderance of greens in the dietary is essential.

Carbohydrate is entirely innocent of the charge that it causes diabetes and it is really the salt contents of the food ingested that control the production of acidosis which in its turn favours the production of diabetes and other diseases as stated above. It need hardly be repeated that the maintenance of sound health also depends on our choice of food having regard to the prevention of acidosis and other factors concerned in nutrition.

(*Forward.*)

NATIONAL COUNCIL OF WOMEN

Infusion of Fighting Spirit in Girls

BARODA MAHARANI'S APPEAL.

The following is full report of the proceeding of the fourth biennial Conference of the National Council of Women in India, at Bomby :—

A bold and spirited appeal to the women of India to reform their methods of educating their girls, so as to make them think freely for themselves and act in co-operation with men, was made by her Highness the Maharani Baroda in her presidential address.

In calling upon women to shake off their shackless, her Highness said that the ideals instilled in the minds of Indian girls was to be meek, submissive, ready to obey without questioning and to suffer without complaining. She had no faith in this ideal. Girls, she advocated, should be taught self-reliance, and a healthy fighting spirit should be infused in them. Her ideal women would think independently and act in co-operation with man.

The Mayor of Bombay Dr. M. C. Javle, extended a cordial welcome to the delegates to the conference to Bombay and, in explaining the benefits of the primary education being given to children in the city, invited the delegates to visit some of the social welfare institutions in Bombay.

EXPLOITATION OF WOMAN

The deliberations of the Conference were inaugurated by Mrs. S. Faiz Tyabji, chairman of the reception committee, with an address in

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which she drew attention to three of main heads of activity of the Council. Mrs. Tyabji first mentioned the attempts of the Council opened its eyes and expressed its strong opposition to social institutions which had for their basis the exploitaion of women. Child marriages, no less than the traffic in women would be abolished if old notions were ruthlessly swept aside. While the Council had been labouring with this subject, much yet remained to be done.

In regard to education, the Council had endeavoured to take steps to promote vocational training and nursing, and intended raising its voice against the curtailment of Government expenditure on this head. Mrs. Tyabji also hoped that the Council might be able to do some useful work in raising the standard of cinema films displayed in India.

In her persidential address, the Maharani of Baroda said that the most important question before the Conference was that of woman's suffrage under the new form of Government to be introduced into India. If women in the country were all agreed as to what they wanted in the matter, they could press their claim with some force and with a reasonable chance of success. At prsent, the aim of women should be to secure adequate repreaentaion in proportion to their numbers, so as to make their votes felt in the many matters that affected them.

LAWS OF PROPERTY

The laws of property, especially the Hindu laws of inheritance and property the Maharani thought, was one such matter. The injustice of these laws, she stated, was quite evident. Women could not afford to be mere dependants on men in matters of property, if they desired full scope for self-exression and development of their personality. They must be afforded right to inherit, acquire and deal with property on the same basis as men. Many Hindu women, the speaker continued, were anxious to have a law of divorce passed for them, but a divorce law without proper laws of property and inheritance would be a misfortune.

Proceeding, her Highness, said :—"If we—I mean society as a whole —is to progress, the old shackles must be shaken out. Our women are meek, submissive, ready to suffer without complaining. In our homes, this is the ideal held out before our girls. I have no faith in this ideal. It is necessary that we should reform the methods of educating our girls, they should be taught self-reliance, and a healthy fighting spirit should be infused in them. However do not think that I advocate war against men. It will do no good to our cause."

"In what I am proposing there is no perils involved to the human society. If the mater were considered dispassionately there could hardly be any difference of opinion about it."

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CO-OPERATION WITH MEN

"My ideal woman should think freely for herself and yet act boldly in co-operation with men. I am a great believer in co-operation. If only men and women could co-operate on an equal footing in the business of life, the happiness of both would increase in a great measure and make human society stronger and healthier.

'Let me tell you frankly that Ranis and Maharanis and other ladies of rank and position, especilly those living in purdah, have their own special disabilities and suffer from more hardships than women of the working classes. I have come to know that, as many ladies have come to me with their tales of sorrow. They require your help as much as the women of the labouring classes, and I wish you to take up their cases also.'

The fourth biennial report of the Council was then read out to the meeting by Miss Leah Jhrad. The report stated that the Labour Committee had continued its work and considered some of the recommendations made by the Whitely Committee, as well as the information collected by the Committee in 1930. One of the suggestions made by the committee was that Provincial labour conferences should be held in order to stimulate an interest in labour conferences.

The Legislaion Committee had kept in touch with all bills relating to women and children, introduced in the Legislative Assembly and in several instances, pointed out defects and suggested changes in various bills to the members who introduced them. The Council had done much useful work in connecion with adult education, mothercraft, the beggar problem, hospital visiting, women's work rooms and industrial institutions, relief work, ply centres, creches, child welfare and other branches of the activity intimately connected with women and children.

"GO SLOWLY"

Lady Cowasji Jehangir (Senior), who has been actively connected with social welfare work in Bombay, welcomed the delegates to the Conference and in doing so drew a vivid contrast in the civic life of Bombay and welfare work to-day, as compared to that of he past decade. Go forward slowly but steadily ; undertake only those activities which you can fulfil successfully and remember at the same time that the East cannot blindly follow the West, was her message to the delegates.

Mrs. Sarojini Naidu paid a warm tribute to the pioneering spirit of the President in the zeal of social welfare work, and supported her plea to women for an equal partnership with men in the service of humanity.

Mr. M. R. Jaayakar pointed out the pitfalls in the franchise to be bestowed to women, and appealed to them to equip themselves to play an important part in the coming constitution of the Country.

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THE POPULATION PROBLEM.

Major-General Sir John Megaw takes special interest in the problem of population ; and naturally India engages a great deal of his attention. India is believed to be on the verge of over-population ; and in a paper read before the East India Association, Sir John Megaw says this is bad. We too have no doubt that this is bad. But what is the way out ? The subject of birth control is receiving increasing attention. The question has two aspects—individual and national. The individual side of it must depend on the discretion of individuals ; and on this there is little to be said. The real interest of the country lies in answer to the question how far it may be counted as a remedy for over-population and mass poverty ; and in this respect we have come across none who has taken an optimistic view. Measures adopted for birth control are expensive ; and only a few in this country can afford them. It is not easy, besides to introduce them among a people the vast majority of which are illiterate and also regard the propagation of male offspring as religious duty. This in short is the opinion of most persons who have examined the question with special reference to India and this view appeals to common sense. The time for compulsory birth control is not yet in this country. The German proposal for the sterilization of the feebleminded is in the right direction. But to attempt its introduction in this country, however desirable, will possibly lead to mass risings. So birth control as an effective solution of the problem of over-population and national poverty must be discarded for the time being.

But we need not be overpanicky for that reason, though we do not under-rate the importance of the population question. It is true that the population in this country has increased by 40 per cent during the last fifty years but means of livelihood have on the whole kept pace with the growth of population. If the standard of living is very low, its cause is, at least partly, mal-distribution of wealth ; and it is to be remembered also that though production has increased, the problem of under-production is still not tackled. Emigration has not, besides, been tried. So the outlook need not bo considered gloomy. Take for instance, Bengal. Mr. A. E. Porter's Note appended to the Census Report on the Bengal question is illuminating. He says the potentialities of this province are such that pessimism as to the future condition of its population, if considerable increase takes place, is not necessarily justified. Like the rest of India Bengal is notable for its undeveloped resources and the inefficiency with which such resources as it has are exploited. The soil is unlikely to deteriorate further and it has been estimated that improved methods would result in a reasonable expectation of increased food output of 30 per cent. throughout the whole of India. "Fresh areas in course of time will be brought under cultivation as lands on the Bay of

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Bengal accrete and reach a stage suitable for cultivation." Mr. Porter sums up his conclusion thus :—"If the total cultivable area were brought under cultivation, and if improved methods of cultivation yielding an increase of 30 per cent., over the present yield were adopted, it is clear from a simple rule of three calculation that Bengal could support at its present standard of living a population very nearly twice as large as that recorded in 1931." But the logicist theory of Raymond Pearl, which seems to hold the field now, does not suggest that the population in Bengal will ever be doubled. If this theory is correct, a retarded rate of increase is inevitable at the upper stages of the cycle of growth untill finally a stationary population is reached.

THE QUEEN OF THE SENSES.

In all ages, and by all peoples, the Eye appears to have been the most honoured of the organs of the senses. It has owed this, doubtless, largely to its surpassing beauty, and to the glory with which it lights up the countenance. But it owes its place as "Queen of the Senses" mainly to the fact, that its empire is far wider than those ruled over by its sisters. The Ear is fabled to hear the music of the spheres, but in reality, is limited in space to those sounds which the earth and its atmosphere yield and in tune to the passing moment. The starry abyss for it is silent and the past and the future are equally dumb.

George Wilson.

Of all our members, the eye has always been held the choicest gift of Nature—the most marvellous product of her plastic force. Poets and orators have celebrated its praises ! Philosophers have extolled it as a crowning instance of perfection in an organism. It is by the eye alone that we know the countless shining worlds that fill immeasurable space, the distant landscapes of our own earth, with all the varieties of sunlight that reveal them, the wealth of form and colour among flowers, the strong and happy life that moves in animals. Next to the loss of life itself, that of eye-sight is the heaviest.

H. Helmholtz.

Of all the senses, the eye has the quickest commerce with the soul : gives a smarter stroke, and leaves something more inexpressible upon the fancy, than words can either convey or sometimes get rid of.

Lawrence Stern.

Some curious facts about the organ of sight.

It is a fact well-known to Ophthalmologists that infants do not shed tears. Similarly psychic weeping among animals is not known.

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The form of pupil in various animals :—

Round	...	...	...	Man, rabbit, dog, pig.
Vertical slit	...	...	...	Cat, fox.
Horizontal slit	...	...	...	Ox and horse.

The blue whale has the largest eye measuring 125 c. c. in capacity. In swift running animals, *e.g.*, hare, horse, stag, the cornea is more convex vertically than horizontally. It is an advantage. The cornea is flat in the fish and the whale. They have no eye-lids nor a lachrymal apparatus.

The third eye-lid is well-developed in rapid-flying birds.

William Sterling.

The ratio of the weight of some eyes to that of the body weight is given below :—

				Eye	Body Weight
Horse	...	...	...	1	100,000
Man	...	...	...	1	10,000
Sheep	...	...	...	1	3,000
Swallow	...	...	...	1	30
Goose	...	...	...	1	567

Insects have compound eyes with a number of facets.

Ant	...	50 facets
Lobster	...	5,000 ,,
House-fly	...	8,000 ,,
Dragon fly	...	12,544 ,,
Butterfly	...	17,325 ,,

Number of eyes :—

The scorpion has 2—10 eyes.

The spider has 8 eyes, arranged in 2 rows on the back.

The leech has 10 eyes in a circle above the mouth.

Some deep sea-fish have telescopic eyes.

Phosphorescence.

The cold light emitted by the glow-worm, fire-fly, jelly fish, star fish and some deep sea fishes and amongst vegetables by luminous bacteria, is due to chemical decomposition and is comparable to the slow oxidation of phosphorus in moist air, when it shows wtth a pale blue glow.

William Sterling.

DR. R. P. RATNAKER,

(B. M. J.)

(To be continued)

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CORRESPONDENCE.

—:o:—

THE BIHAR EARTHQUAKE.

By

KAVIRAJ M. K. MUKHERJEE, B. A.,

Aurved-shastri, Ayurvedic Medical Camp, Monghyr (Bihar).

I wrote an article entitled 'Activities of Ayurved in Bengal' in a recent number of the Journal of Ayurved. The present contribution will be a suitable supplementary addition to that theme. Bengal's response in the present unprecedented calamity of Bihar is pre-eminently grand in every wise, and would prove to demonstrate that Bengal does not eat the salt of Bihar ungratefully, and that she very befittingly maintains her time-honoured tradition of pioneering move in every matter of national concern.

The Ayurvedic Medical Camp is situated in the closest proximity to Chaukbazar, which beautiful and bust quarter of the town is a mass of tear-inducing ruins, destroyed beyond recognition. The camp, being in the central locality of the town, is accessible to and haunted by a large influx of the afflicted sufferers to whom the workers are ministering with a sincerity of the first degree. The workers have begun to serve the people only 5 days ago, and their outturn of work is simply laudable. It has made a name, and the press reads an enviable recognition of its excellent work. It is organised by the Baidya Shastra Pith (the National Ayurved College) of Calcutta under the name of Bhukampa Bipattran Samittee as a public body, to which contributions in coin and kind are solicited from all and sundry, and my humble self has been honoured with the captaincy of the Mission. Bihar is a great lover of the indigenous system of medicine, and we have found ready help and appreciation in the midst of most discouragnig and unfavourable circumstances, for which we are so grateful to the various organisations, working in unision here. It is noteworthy that even surgical cases above the minor class are being successfully treated by the up-to-date full-fledged kavirajes with modern qualifications.

Monghyr presents pitiable scenes, the like of which has rarely been witnessed within the living memory of men. Pen or imagination can delineate only an inperfect picture of the harrowing actualities of the havoc. The town looks like a deserted ancient place, reduced to heaps of ruins. Who would estimate the number of the dead? Even after a

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fortnight of the catastrophe large numbers of dead bodies are being discovered from under the debris, which is being cleared at but a snail's pace, considering the universal devastation of a horrible nature in the places. The loss of life and property is incalculable. Only the eye witness can have a true portraiture of the situation. The flood-gates of tears are perforce flung open to witness the destruction wrought by Nature. The victims have once for all escaped from all the ills of life. The lot of the unfortunate survivors is indescribably miserables. Panic in every heart, despair in every face, pallor in every eyes—this is a part of the picture. A long period of relief work is the desideratum to carry out for which immense money and labour are to be employed.

Had the phenomenon supervened all over the province with its intensity distributed, the spectacle would not have been so heart-rending. Monghyr, the main centre of the unheard of devastation, has almost monopolised the attention and efforts of the sympathisers and relievers. But for this circumstance, other affected places themselves would have caused a sense of horror of no mean order where the need for relief is indeed great. I have visited and inspected two such areas in Jamalpore and Bhagalpore, where the people are in great distress, to ameliorate which condition no endeavours can be devoted. Everywhere the middle-class Bhadralogues, strangers to the habit of beggary and valuing their sense of honour above anything else, are keeping their mouths shut, and suffering silently and in secret, resigned to Fate.

Ayurved is rendering yeoman's service in the present crisis, and is recognised as a system of immense value in national life. To meet the medical requirements of the country, Ayurved has to play a great part. I shall next offer an article to be named "The Future of Ayurved".

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THE JOURNAL OF AYURVEDA

Vol. X.] April, 1934. [No. 10.

All Bengal Ayurvedic Conference.

We regret very much to learn that the All Bengal Ayurvedic Conference, that began its sitting at the Albert Hall in Calcutta on Friday, the 30th of March last, with high hopes in our minds as also in that of the public about the future of Ayurveda, had to be adjourned and closed owing to certain unforeseen circumstances. A large number of delegates and distinguished visitors attended the conference on the first and second days but a number of unauthorised persons having taken possession of the Hall before the commencement of the third day's proceedings, and having invaded the meeting of the Subject Committee and trying to create trouble and rowdism, the President thought it proper to postpone the proceedings, as he did not like to take outside help. Earnest efforts were, of course, made by the Secretaries, Kaviraj Bimalananda Tarkatirtha and Kaviraj Naliniranjan Sen to set matters right but their efforts met with no success.

Whatever might have been the cause of this unfortunate event, we understand that the delegates, Presidents and the Secretaries of the above Conference were sharply divided amongst themselves over the question of recognition of Ayurveda as a Science of Healing by the Government of Bengal. A little bird whispers into our ears that one party under the banner of one of the reputed Ayurvedists of Calcutta proposed that Government recognition for Ayurveda should be equal to the status of lowest medical diploma

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of Allopathic Science, while another party under the banner of an equally influential Kaviraj wanted the status of M. B. This incident took place at the fag end of the second day's sitting, while the matter came to a crisis at the third day's sitting in which the second party, advocating M. B. degree for Ayurvedic students, got worsted and the Conference had to be adjourned in the midst of rowdism and unparliamentary language.

In this connection, we cannot but admire the tact and power of organisation of the first group, so far as occupation of the meeting place and creation of rowdism is concerned, with people, all of whom might not have been strictly delegates. We should not also fail to admire the tact of the President of the Conference, who was none other than Pandit Shyamadas Bachaspati, in adjourning the Conference which, if proceeded with, would have come to graver issues, so far we could guess from the strained feeling that was allowed to exist in the minds of the two parties concerned.

In our humble opinion, greatness of an individual does not lie in forcing one's opinion on others and making the latter obey him by force. True greatness lies perhaps the otherway. It is the really great who can admit his own defect and is always ready to obey others, provided his self-respect is honoured all the while. We do not, by our remarks, wish to wound the feelings of any one. Our aim is far from that. What we mean to say is this that if two great kavirajes of a single city are unable to compose their personal differences between themselves, it is foolish for us to expect anything great for Ayurveda in future, at least so far as Bengal is concerned. Under these circumstances, it was also foolish of the sponsors of the conference to have called such a conference and thus make other innocent delegates of far off places waste their valuable time and money.

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We know vanity and a false notion of prestige are but connotations of almost all great men of the present day world of ours and this is why the condition of the world, in every respect, is not what it should be. But the ray of hope is already there and this notion of vanity and prestige is fast giving place to charity and service in almost all countries of the globe. Let us hope the contagion will invade India also and we will not have to see repetitions of such scandalous affairs under similar circumstances.

We would not have taken the matter so seriously, had not the fact been that the conference was first of its kind in Bengal and that two of India's best Ayurvedists, viz. Pandit Shyamadas Bachaspati and M. M. Gananath Sen, M. A., L. M. S., were at the helm of its affairs. We wonder how could such an untoward event take place under the nose of such personalities. Indeed, mysterious are the ways of Heaven !

We would humbly appeal to the two schools of thought, referred to above, to compose their differences still now and call another meeting of the conference at their own cost and thus whitewash the already tarnished name of Bengal, as the work will go a long way in the renaissance of Ayurveda, the hoary science of medicine, which has successfully withstood the onslaught of time and negligence. They should also take into their consideration the injury they have done to the science, they profess, for the sake of petty party politics and see that the mistake is rectified erelong.

H. N. C.

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Original Articles

POX : ITS ORIGIN, DEVELOPMENT ; EARLY SYMPTOMS, TREATMENT, AND DIET

By

MOHOPADHYAYA KJ. NIRMAL KUMAR RAY

Aynrvedopadhyaya etc., Calcutta.

——:o:——

The gems of pox originate from various causes namely,—

(1) Over-eating.
(2) Indigestion.
(3) Inhalation of impure air and use of polluted water.
(4) Pungent and acid substances,
(5) Alkaline substances.
(6) Incompatible articles of food.
(7) Defective vegitables.

Pox is a highly contagious disease. The eruptions lie on the body of the man attacked. The infection spreads through touch, breathing, lying on the same bed, and using the infected clothes. In this way the contagion extends from one body to another.

In the Science of Ayurveda, pox is broadly classified into five classes. This disease passes through four well-marked stages :—The period in which the symptoms appear is known as the 1st. stage. The period in which the eruptions are visible is called the 2nd. stage ; the period in which the pus is formed in the eruptions is called the 3rd. stage ; and that in which the eruptions dry up is termed as the 4th. or the final stage.

EARLY SYMPTOMS :—

(1) Headache.
(2) Nauseating tendency.
(3) Aversion to food.
(4) Drowsiness.
(5) Lethergy.
(6) Want of appetite.

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(7) Uneasiness of mind.
(8) Disturbed sleep.
(9) Extreme weakness.
(10) Disfiguration of the complexion.
(11) Tearful eyes.
(12) Heavy Glosery.
(13) Heaviness of the body.
(14) Pain in body.
(15) Moist sensation of the body.

Fever takes place along with these complications. But under all circumstances, the fever may not be high. These early symptoms of pox lasts for first two days and on the third day the eruptions make their appearance. Exceptions seldom occur.

Those who are not attacked with pox are generally prone to fall victims to this fell disease. But it is generally observed that in the case of those who are once attacked with this disease, it does not recur. It is for this reason that the method of vaccination has been introduced in order to destroy the germs of this infectious disease. Vaccination is the only absolute safe-guard against an attack of pox.

These are the common derangements that are observed during the illness :—

(1) Sore-throat.
(2) Swelling and inflammation of Glottis.
(3) Congestion of the Lungs.
(4) Glandular swelling.
(5) Delirium.
(6) Bloody-diarrhœa.
(7) Restlessness and sleeplessness.
(8) Fear of eyes being affected.
(9) Severe pain in the back.
(10) Dropsical swellings.
(11) Sudden prostration and threatened syncope.
(12) Sudden disappearance of eruptions.
(13) Paralysis of the brain.
(14) Drowsiness or stupor and strenuous breathing.

PREVENTIVE TREATMENT :—

(I) Disinfection. (II) Isolation and (III) Vaccination.

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ACCESSORY MEANS :—

(*a*) The patient should be kept cool.
(*b*) The bed-sheets should be frequently changed.
(*c*) Allow enough of fresh air to enter the room and enough of the tainted air to go out.
(*d*) In cold weather, the patient should have an extra blanket and a fire should be kept burning in the apartment; and windows kept open.
(*e*) In mild weather, keep him outside the sun.
(*f*) Daily disinfect the room.

These medicines are to be administered :—

For adult—

Makaradhawja (Sarnasindur)	...	1 rati (2 grs.)
Laksmibilash	...	2 ratis (4 grs.)

for one dose only

to be taken in the morning with the juice of *tulsi* leaf and honey.

For children—

Makaradhawaja (Sarnasindur)	...	¼ rati.
Laksmibilash	...	½ rati.

for one dose only

to be taken in the morning with the juice of *tulsi* leaf and honey.

Take Kantakari root 12 grs. and 2½ Golemarich as preventive.

Or Give this decoction :—

Manjistha—(Mader root)
Haridra—(Turmeric)
Baraelaich—(Larger cardamum)
Samalata—(Indian sarsapareilla)
Rakta Chandan—(Red sandal wood)
Sirish muler chal—(Acacia Lebec)
Nisinda chal—(vitex trifolia)
Rasna—(Vanda Roxburghie)
Swet Chandan—(White sandal wood)

Each 4 annas in weight, half seer of aqua ; boil together till reduced to ⅛ seer ; to be taken as preventive.

TREATMENT :—

Chakradatta recommends the following decoction known as "Nimbadi kwath" as a remedy in all varieties of pox.

1. Nimchal—(Melio Azadirachta bark)
2. Khetpapra—(Oldenlandia corymbosa)

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3. Aknadi—(Stephania hernandifolia)
4. Palta—(Trichosanthus dioica Roxb. leaf)
5. Katki—(Black Hellebore)
6. Duralava—(Alhagi maurorum)
7. Basak—(Adhatoda Vesica)
8. Amlaki—(Embelica officinalis)
9. Benamul—(The root of fragrant grass)
10. Swet Chandan—(White sandal wood)
11. Rakta Chandan—(Red sandal wood)

In equal parts, in all two tolas, 32 tolas of aqua, boil together, till reduced to 8 tolas ; may be applied in all varietis of pox. It is no exaggeration to say that there is no better remedy for pox than this. It cures fever etc. and the eruptions gradually lose their potency. Moreover, if the eruptions are suppressed or if any delay takes place, they are visible completely in no time.

Disinfection :—

The bedding and the clothes of the patient ought to be burnt with sulphur in the room closed. Further, the ceilings and the walls of the room should be whitewashed.

Incense should be made of these things :—

Saral Kastha	...	(Pinus Longifolia).
Dhuna	...	(Mimosa rubicaulis)
Gandhak	...	(Sulphur).

For Pox scars :—

The whole body is to be sponged with green Cocoanut water diluted with Somraja—(Serratulanthel mintica.)

Diet :—

Special strictness should be scrupulously observed with regard to diet.

At the first stage, Sago, Barley, Khaier manda, juices of chick peas, green grains, lentils, etc. These are to be mixed with lime juice. During the period in which the eruptions are visible, khaier manda, Jaber manda, Goats' milk and Cows' milk, mixed with sugar candy, is the only and the best diet ; but wholesome ripe fruits of the season may also safely be used. In the final stage, chicken soup, pigeon soup, mutton broth, dry toast, and tea etc. ; for drink, cold water is generally preferred.

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GREATER BENGAL IN AYURVEDA

BY

KAVIRAJ MONINDRA KUMAR MUKHERJEA, B. A.,

AYURVED-SHASTRI.

Calcutta,

—:o:—

The title of the article may be a little misleading. So, I need to add a word explanatory. I am not speaking of those Ayurvedists, or Pharmaceutists of Ayurveda, who have adventured beyond the confines of Bengal, and got domiciled, or otherwise established in other provinces, or of Bengal's Ayurvedic cultural conquest in that she, being the premier land in the vast sub-continent of India, has attracted legions of learners to her soil from the different quarters of the country, and outside Bengal has extended herself in very many ways in Ayurveda by the extra territorial achievements of her devoted votaries. I propose to devote this writing to the recent extra-provincial activities of Bengal Ayurvedists in connection with the unprecedented devastations of the historical earth-quake, which scourge so seriously evertook the province of Bihar.

Before I proceed with my subject proper, I should attempt a sussinct delineation of the situation, which the evangelists of Ayurveda had to envisage. This will help to form an adequate idea of the work Ayurveda had to execute to satisfaction.

The scenes of the havoc beggar description. Pen or imagination would fall far too short to produce a proper protraiture. Flood-gates of tears would perforce be flung open to witness the heart-rending horros of the surrounding spectacle. I went out on an inspection tour to Jamalpur, Bhagalpore, and other neighbouring theatres of destruction. My absorption in my heavy work at Monghyr concering the fulfilment of various purposes of relief and attendance at Committee Meetings of the Central Relief Body as a representative of our Ayurvedic Camp, left me little leisure to undertake the much desired extensive travels in the different centres of destruction and relief activities, far and near. I found that had not places like Monghyr and Muzaffarpure been destroyed beyond the expression of words, the

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less important places affected would have sufficed to exercise the minds of people, where the necessity of relieving people faded into insignificance in comparison with the imperious requirements of the indescribably devastated areas. People had fled in large numbers from the seriously affected places, and the help from local people in different quarters, which was so very necessary, was hardly available for the workers, who were confronted with unforeseen and unexpected fields in places, where they were strangers. Bengal's response in this crisis was preeminently grand, especially in matters of treatment, and proved to demonstrate that whatever salt Bengal ate of Bihar, she did not eat same ungratefully. All the Ayurvedic Institutions of Calcutta rose equal to the occasion and every one of them accorded a response according to its best capacity. But of them all, two organisations have registered achievements deserving special mention.

I am not in the know of much that should be said of the Medical Mission, which had camps at Muzaffarpure and Sitamari, two chosen places of the destruction of Nature. The Mission was despatched by the Biswanath Ayurveda Mahavidyalaya. I should like that a similar article to the one I am attempting here be issued from the authorities of the College to broadcast the account of the operations of the Mission. Let me not be accused of partiatity, if I fail to do justice to the sister organisation because of my limited knowledge. I was honoured with the captaincy of the Ayurvedic Medical Mission of Bhukampa Bipat Tran Samittee, organised under the auspices of the National Ayurveda College (Baidya-Shastra-Pith). I shall mention along with my own account whatever I know of the achievements of the sister organisation. It was, indeed, striking that the two organisations loomed large in the eyes of the people with their camps, conspicuously situated. The Muzaffarpore Camp was just at the entrance of the town from the Railway Station. The Monghyr Camp was pitched in Ramlila Maidan near the Tower gate of the Fort within the hallowing distance of the Chaukbazar centre, which had been reduced to heaps of ruins. The physical aspect of the position of the Camps forms but the least part of the things to be said of them. The substantial work of Medical relief they rendered with indigenous medicines, particularly suited to the nature and idiosyncracies of the children of the soil, shows the

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achievements of the workers into bold relief. The period of Renaissance of India after her long slumber witnesses her resurging glory in every sphere. Ayurveda has her own field and own work to perform. It is known that in different parts of the country. Ayurvedic organisations are numerously springing up into existence. I am looking forward to the day when Ayurveda's response shall not be forthcoming under such untoward circumstances as the present one from a single province only, and I shall have the pleasure of writing such things under titles of all India significance. May that happy day soon dawn upon this unhappy land !

Medical relief-workers, whose number was legion, were mostly Allopathic. It was remarkable under the circumstances that Ayurvedic Camps succeeded in hoisting their colours as a novel feature in such situations. Ayurveda is thus coming to occupy her rightful place by appearing in unwelcome visitations in order to fulfil the medical requirements of the land. At Monghyr, the average daily attendance of patients gradually rose to upwards of 250. At other places, too, the Ayurvedic Camps commanded a vast number of them. The newspaper reports, published unsolicited, have acquainted the public with the pleasing fact that the *kavirajes* inspired by the lofty ideals of their science, and true to their tradition of free humanitarian service, had gone from house to house in the afflicted areas with their devoted student workes, besides distributing advice and remedies to crowds of physical sufferers flocking to the camps. Their humility, calmness and kindness have been eulogised in high terms. At Monghyr the camp became so popular and useful that the President of the Central Relief Committee of the place, who could authoritatively feel the pulse of the situation, remarked with sincerity that any rumour about the departure of the workers upset the public. The local gentry, too, began to be the patients of the camp. Patients came from long distances, too. The camp had to serve long distances like Jamalpur. I had to send physicians and students for distant and serious cases with medicines, diet and clothings, but the principal work was medical. But other reliefs, too, we rendered directly, so far as it was commensurate with our man-power. In distributing large supplies of clothings and food-stuffs received from Calcutta we had mostly to seek the co-operation and help of brother organisations, all of which became our admirers.

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We could not distinguish between 'quake' and non-quake sufferers. The result was that chronic and complicated cases began gradually to multiply, and reach figures almost beyond our capacity. Similar was the experience elsewhere too, and the authorities at Calcutta had to order abolition of camps, when the need of immediate relief had subsided. We were requested by the local relief authorities of Monghyr to continue our work, which was carried on to the end of February. The request was then repeated. We could manage an extension only for a few days. Practising physicians and college students could not afford to sacrifice too much, specially when the immediate and real work was finished.

The most remarkable feature of the work done was successful surgical treatment on purely Ayurvedic lines. We had dared to undertake cases of all shades, irrespective of their seriousness. Display of the hoary lore in modern settings surprised the local men of light and learning, and unstinted were their praise showered on the Ayurvedists. It has been proved to the hilt that Ayurveda has practical utility in meeting the medical requirements of our vast mother-land in her various spheres. Ayurvedic physicians and students were found good disciplined soldiers with up-to-date ideas and tastes. Prejudiced minds may be disabused of their erroneous notion that the practitioners of Ayurveda are ante-deluvian people. They endeared themselves to all parties by their devoted service, and excellent manners.

All lovers of Ayurveda shall certainly be glad to learn this account of its achievements. They may feel encouraged to look forward to the day when the indigenous healing science will once again satisfy all the medical requirements of the land in times of peace and strife as she had done in the past. Based as Ayurvedic Science and treatment are on fine preceptions of truths and actualities, the great consummation, referred to above, will be for the undoubted benefit of the entire family of the human race.

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GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

DR. K. S. MHASKAR, M.D., M.A., B.Sc., D.P.H., D.T.M. & H.,

(*Pharmacological Laboratory, Haffkine Institute, Bombay*).

(*Continued from our last issue.*)

Local Treatment :—(1) Fumigate the genital organ with the fumes of or apply the paste af the leaves of *Betula Bhojapatra*, *Gloriosa superba*, and cast-off slough of a snake, or *Albizzia Lebbek* and *Lagenaria vulgaris* (Va.). (2) Insert in the vagina a cotton-sawb soaked in oil cooked with *Peucedanum graveolens*, *Saussurea Lappa*, *Ferula asofœtida* gum, *Randia dumetorum* ; (3) the same oil should be given as enema ; (4) a dry enema should be given of the decoction No. 1 (of General Treatment) mixed with paste of *Randia dumetorum*, *Luffa pentandra*, *L. cylindrica*, *L. amara*, seeds of *Holarrhena antidysenterica*, *Momordica dioica*, and *Lagenaria vulgaris* ; this enema stimulates the downward passage of *Vayu*, forces out the retained placenta along with the flatus, urine, and stools (Ch.). (5) Fumigate the vulva with fumes of *Picrorhiza Kurrooa*, *Lagenaria vulgaris*, *Luffa acutangula*, mustard seed, mustard oil, and cast-off skin of snake ; (6) apply a plaster of *Gloriosa superba* roots to the palms and soles ; (7) apply the milky juice of *Euphorbia nerrifolia* ; (8) if all these drugs fail, then a vaginal douche of the above drugs boiled in mustard oil should be given (Su.). (9) Give an oil enema with the paste of *Fœniculum vulgare*, *Acorus Calamus*, *Saussurea Lappa*, *Piper longum* fruit; and 'Saindhava' salt (Va.).

Manipulative Measures :—Last of all, the placenta should be removed by hand smeared with oil, and with the finger nails paired off. A non-falling placenta should be extracted in the way indicated before ; (1) the enciente should be firmly pressed and the placenta extracted by the hand ; (2) her body should be constantly shaken or her shoulders constantly rubbed at that time after lubricating the parturition canal with oil (Su.).

If the placenta has not come out after the delivery of the fœtus, (1) press with the right hand that part above the navel, supporting

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her the while by the left hand placed against the back, and shake her vigorously ; (2) her loins should be pressed by the heels of some one standing near her ; (3) the hips should be pressed hard ; and (4) the end of her hair-braid should be inserted into her mouth to stimulate emetic efforts (Ch.).

(*v*) Abnormal Presentations (Mudha-Garbha).

Causes :—Sexual intercourse during pregnancy ; riding on horse back, etc., or in any sort of conveyance ; a long walk, a false step, a fall ; pressure on the womb ; running, swinging ; a blow ; sitting or lying down on an uneven ground or in an uneven posture ; fasting ; voluntary suppression of any of the natural urgings of the body ; partaking of extremely bitter, pungent, dry articles ; eating excessive quantities of vegetables and alkaline substances ; use of emetics, purgatives, abortifacients, and medicinces to induce labour ; dysentery, indigestion (Su.).

Irregularities of diet cause harm to the fœtus and derangements in its brain ; it gets into transverse position or dies ; extreme shyness of the woman causes contraction of the vagina, which tends to put the fœtus in a transverse position (Ha.).

The fœtus is severed from the uterus with its placental attachment owing to uterine contraction (*Abhighata*), just as a blow tends to sever a fruit from is pedicle ; the fœtus is severed and dislodged from its seat, excites peristalsis in the uterus, causes constant and spasmodic contraction of the intestines, and produces pain in the liver, spleen, etc. ; the *Apan-Vayu* is obstructed by the spasmodic contraction of the abdomen, gets disordered, and cannot help the expulsion of the fœtus ; such an obstructed fœtus is called *Mudha-Garbha* (Su.).

Symptoms :—There is spasmodic pain in the flanks, the neck of the bladder, pelvic cavity, abdomen, and vagina ; tympanitis with obstruction (*Anaha*) ; retention of urine ; death of the fœtus, if immature ; bleeding ; if the fœuts, if immature ; bleeding ; if the fœtus goes to maturity, it takes up a transverse position at the entrance to the vaginal canal and is impacted there (Su.).

Classification :—The different types of false presentations are due to abnormal coursing of the deranged *Vayu* ; an intelligent physician should adopt proper remedies (Su.).

(A) Madhava mentions the following eight types of presentation :—(1) head ; (2) abdomen ; (3) back ; (4) one hand ; (5) both hands ; (6) transverse ; (7) face, on account of breaking of the neck ; (8) the breech (Ma.).

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(B) Some authorities divide *Mudha-Garbha* into four types :—(1) *Kila* :—The fœtus appears with its hands, legs, and head turned upwards ; and its back is firmly impacted at the entrance to the vagina ; (2) *Pratikhura* :—The hands, feet, and head come out ; and its body is impacted at the entrance to the vagina ; (3) *Vijakaha* :—One hand and the head only comes out ; and the rest of the body is impacted ; (4) *Parigha* :—The whole fœtus lies in a horizontal position and obstructs the passage like a bolt (Su.).

(C) Sushruta considers that the deranged *Apana-Vayu* presents the fœtus in eight different ways :- (1) the fœtus presents by the two thighs ; (2) a single leg flexed up ; (3) body bent double and thighs drawn up, so that only the breech is obliquely presented ; (4) chest, sides, or back of the fœtus is presented ; (5) fœtus resting on the side, its arms round its head, and the hand coming out first ; (6) the head on one side and two hands present ; (7) two hands, legs and head of the child are presented ; the rest of the body is impacted in a doubled up posture ; (8) one leg presents, the other thigh being impacted (Su.).

Prognosis :—The last two are incurable ; the others are incurable if the mother's sense-perception is deranged ; or if there are convulsions (Eclampsia ?) or displacement or contraction of the genital organs (Contracted Pelvis, Cervical Rigidity, etc.) ; or if there is a peculiar pain like the after-pains of child-birth, cough, difficulty of respiration, or vertigo (Su.) ; and fœtid eructations (Va.) The prognosis is bad if the enciente cannot support her head, if her body feels cold, if she has lost all sense of modesty, if her flanks show blue veins ; under these circumstances, the enciente and the fœtus mutually cause each other's death. The prognosis is bad if there is emaciation, loss of strength, dyspnœa, palpitation, wasting, vomiting, dysentery, hiccough, swoon, and if untreated by rejuvenating and restorative remedies ; the prognosis is also bad and death is sure to result if there is (I) development of a peculiar child-birth pain called Makkala, (2) tonic rigidity of the genital organs, (3) situation of the placenta at a wrong place (Placenta prævia) (Su.). Under these circumstances the impacted fœtus canot be removed alive (Va.).

Treatment :—Abnormal presentations are due to abnormal coursing of *Vayu* in the uterus ; hence proper remedies for its purification should be employed (Su.).

(D) The obstruction of the child in the passage of parturition may be effected in three different ways, by its (1) head, (2) shoulders,

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and (3) hips, being presented in a wrong away ; it being held fast in the passage ; every care should be taken and no pains spared to bring a child alive into the world, if it is not already dead in the womb (Su).

(E) VISHKAMBHA-MUDHA-GARBHA :—Either (1) hands, head and feet, or (2) one leg in the vagina and another folded near its anus present at the opening ; these must be operated on (Va,).

(F) There are four types of *Mudha-Garbha* according to Harita *viz.*, *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja*. Symptoms differ accordingly :—(1) VATAJA-MUDHAGARBHA :—pain in the pubic region, contraction of the mouth of the uterus, flatulence and eructations, pains in the body, sleeplessness ; (2) PITTAJA-MUDHAGARBHA :—fever, thirst, strangury and pain in the head ; (3) KAPHAJA-MUDHAGARBHA :—tired feeling, sleep, drowsiness, heavy sensation of body, eructations, tremors, bronchitis, tastelessness ; (4) when symptoms of three of the above are combined, it is called SANNIPATAJA (Ha.).

Treatment :—Harita gives a line of treatment according to his classification :—

(1) In VATAJA-MUDHAGARBHA give massage, light fomentations ; give gruel with *Piper longum* fruit and root, *Piper Chaba*, *Plumbago zeylanica*, and ginger.

(2) In PITTAJA-MUDHAGARBHA give cool drinks, foods, and vegetables ; give liquorice powder with milk

(3) In KAPHAJA-MUDHAGARBHA give decoction of *Piper longum*, *Piper nigrum*, the three myrobalans, *Saussurea Lappa*, *Symplocos racemosa*, *Holarrhena antidysenterica* bark, *Woodfordia floribunda* flowers, and treacle.

(4) In RAKTA PITTAJA-MUDHAGARBHA give decoction of *Cl matis triloba*, *Tamarindus indicus*, *Adhatoda Vasica*, *Rubia cordifolia*, *Symplocos racemosa*, *Indigofera tinctoria*, *Cucurbita Semina* root, alum, and sugar.

OBSTETRIC SURGERY :—

(*i*) MANIPULATIVE MEASURES (INTERNAL VERSION).

If the (living) fœtus does not come out, then with the permission of the legal authorities apply gum of *Bombax malabaricum* and ghee to the hand and to the vagina, and remove the fœtus with great effort (Va.).

If a part of the fœtus is not easily recognisable, then either by turning and straightening, pressing, extending, folding, pushing up

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or away, lifting, or by any other means, cause it to come out in a line with the uterine and vaginal opening, and then pull it out (Va.). (Bipolar Podal Version ; Internal version and Emptying of the Uterus).

In case the fœtus is dead, the enciente should be made to lie on her back with her thighs flexed downwards, and elevate her waist a little by means of a pillow of cloth (Walcher's Position ?) ; the physician should lubricate his owm hand with a compound of earth, ghee and juice of *Boswellia serrata*, *Grewia tiliæfolia*, and *Bombax malabaricum* ; he should insert the hand into the vagina and draw out the dead fœtus. An abnormal presentation should be converted into the normal or cephalic one by version (Su.).

(1) *In leg presentation* (*Sakthi*) :—Draw the fœtus down by pulling its legs.

(2) *In case only one leg presents*, extend the other leg and then draw both downwards.

(3) *In breech presentation* (*Sphik*) :—Press the buttocks upwards, and nonvert to leg presentation.

(4) *In transverse presentation* :—Convert into a head presentation by pushing the lower extremities upwards.

(5) *In shoulder presentation*, the head being a little to one side, chafen the shoulder ; press it upward and convert to a head presentation.

(6) *In arms presentation*, push the shoulder up by pressing it, and convert to a head presentation.

The other two presentations (7) and (8) of Sushruta are irremediable (Su).

Seat the enciente on a round pot and press on her back ; press the abdomen to push down the uterus ; when the fœtus is at the vaginal opening, apply *Sesamum indicum* oil and massage the part ; when a hand comes out, insert the fore-finger and thumb inside the vagina, catch hold of the neck of the fœtus and pull it out ; or cut the two hands of the dead child with *Ardhachandra* instrument and then pull out the fœtus (Ha.).

(*ii*) INSTRUMENTAL MEASURES.

When *Vayu* is aggravated, it gives various motions to the fœtus and acts in an eccentric way ; if the fœtus is alive, do not perform an operation ; otherwise the fœtus will die and will kill the mother

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too (Va.). If the fœtus is living and is operated upon, it causes obstruction and kils the mother (V. Va.). But never let a dead fœtus remain inside the womb an instant more (Va.) ; for it obstructs the respiration of the mother and kills her (V. Va.).

Instruments should be used as a last resort after the manipulatory measures have failed. Even in irremediable cases, no surgical operation should be undertaken if the fœtus is found alive, as such a course is fatal to both the child and its mother. The extraction of a fœtus acting as a foreign body (*Salya*) is the most difficult of all surgical operations as actual contact or actual manipulation is the only means accessible to a surgeon, in the region of the pelvic cavity and the uterus. In case of necessity of surgical interference for the purpose of delivery, give encouragement to the enciente before the operation ; she should be kept on an empty stomach before the operation. She should also be kept on an empty stomach if a fire cautery is to be applied to an enciente with an abnormal presentation of the fœtus (Su.).

All operations in respect of the fœtus or enciente, such as (1) lifting up, (2) drawing down, (3) changing of postures (version), (4) excision, (5) incision, (6) cutting of limbs, (7) sections, (8) pressure, (9) straightening, and (10) the evisceration of the abdomen, can only be done by actual contact of the hand ; the operation may sometimes prove fatal to the fœtus or to the enciente ; hence the king should first be informed, and all acts should be performed with the greatest care and coolness (Su.).

Instrumental Measures employed are :—(A) Craniotomy, (B) Embryotomy, and (C) Post-Mortem Cæsarean Section.

(A) Craniotomy.

The head or skull should be severed with the *Mandalagra*, or *Anguli Shastra* ; remove carefully the pieces of skull-bones ; fix the hook (*Garbha-Shanku-Yantra*) in the chest or at the shoulder and draw out the fœtus. If the head cannot be punctured and smashed, draw out the fœtus by pulling at eye-sockets or cheeks (Su.). The surgeon should break the bones of the head and remove them ; then catch firmly with *Garbha-Shanku* either the arm-pit, the chest, the palate, or chin and pull out the fœtus (Va.).

(B) Embryotomy.

Fœtal Ascites or Abdominal Enlargement (Tumours of the) Thorax and Neck) :—The abdomen should be pierced and intestines removed, if the abdomen is flatulently swollen like a leather bag ;

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this removes stiffness of limbs, and facilitates extraction ; (Su.). If the belly is inflated with flatus, tear up the abdomen and if necessary, remove the intestines (Va.).

Impacted Breech :—If the hips have impacted, break open and remove as before the bones of the hip (Va.).

Impacted Shoulder :—Sever the hands at the shoulders when they are found to obstruct the passage and then draw out the fœtus (Su.).

In short, whatever part obstructs on account of *Vayu*, cut that part of the fœtus, remove it with care, and preserve the life of the woman at all hazards (Va., Su.). Do not waste a single moment after the fœtus is found dead ; for this leads to instantaneous death of the mother like animal dying of suffocation ; better use the *Mandalagra* for cutting out the fœtus than the *Vriddhi patra*, which may hurt the mother during the operation (Su.).

(C) POST-MORTEM CÆSAREAN SECTION.

If the woman dies during labour and the abdomen shows movements, the fœtus is alive ; tear open near the bladder region and remove the infant (Va.) A child moving in the womb of a dead mother (*Dallana*), or one who had just expired (*Arundatta*) during parturition at full term should be removed immediately (Su.).

(*iii*) POST-OPERATIVE MEASURES.

After extracting the fœtus, wash the mother with warm water, and anoint her with oil ; oil should be copiously applied by means of cotton-swabs soaked in oil to the passage of parturition to soften the part and alleviate the pain (Su.).

General Treatment:—To *alleviate the pain*, and to purify the lochia, give *Piper longum* fruit and root, *Elettaria Cardamomum*, *Clerodendron serratum*, *Carum copticum*, *Aconitum heterophyllum*, *Vanda Roxburghii*, *Piper Chaba*, ginger, and asafœtida with ghee, or without ghee as plaster or decoction ; give these for three days after the operation ; (2) give as above with or without ghee *Tectona grandis* bark, *Aconitum heterophyllum*, *Cissampelos Pareira*, *Picrorhiza Kurrooa*, and *Cardiospermum Halicacabum* ; (3) give oleaginous medication (*Sneha* again for three, five, or seven days ; (4) or she should take a well-prepared Asava and Arishta (wines) at night time ; give this for the next seven days ; (5) other supervening complications should be treated with proper medicines (Su.).

Local Treatment :—A decoction of the bark of *Albizzia Lebbek* and *Terminalia Arjuna* should be used for washing (douching) the

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part (Su.) ; insert cotton-swabs soaked in this decoction into the vagina (Va.).

Post-operative Regimen :—The mother should always be neat and clean ; she should be subjected to a course of a small quantity of wholesome and emollient diet, and to daily *anointments* and *fomentations* ; she should renounce all anger (Su.).

Post-operative Diet :—1st to 10th day—give milk with *Vayu*-subduing drugs ; 11th to 20th day,—give meat soup, 21st day to 4 months,—a diet suited to the woman's health and nature ; the medical treatment should be discontinued after she has regained her health, strength, and glow of complexion (Su.).

Post-operative Tonic Treatment.

(A) 'Sida carpinifolia' Oil should be (1) applied on a cotton-swab to the vagina, (2) rubbed on the body, (3) drunk and eaten along with other food, and (4) used as enema. This oil is most useful to check the deranged and aggravated *Vayu* ; a newly delivered woman should use this oil in adequate quantities according to her physical condition ; women wishing to be mothers should use this oil ; it is useful in emaciation due to deranged *Vayu* ; in tired feeling after hard labour ; in injury to any vital and vulnerable part of the body (*Marma*) ; in fractures, convulsions, hiccough, bronchitis, ophthalmia, tumours, and asthma ; even hernia yields to it ; it strengthens the Root-Principles of the system. *Sida carpinifolia Oil* is prepared by boiling four parts of sesamum oil with 32 parts of decoction of *Sida carpinifolia* roots ; 32 parts of decoction of the 'Ten Roots' ; 32 parts of decoction of barley, *Zizyphus Jujuba*, and *Dolichos biflorus* ; 32 parts of milk ; and one part of a paste of *Aquillaria agallocha*, *Vateria indica juice*, *Pinus longifolia* stem, *Cedrus Deodara*, *Rubia cordifolia*, *Santalum album*, *Saussurea Lappa*, *Elettaria Cardamomum*, *Hemidesmus indicus*, *Nardostachys Jatamansi*, *Parmelia perlata*, leaf of *Laurus nobilis*, *Valeriana Wallichi*, 'Kalanusariva,' *Acorus Calamus*, *Asparagus racemosus*, *Physalis somnifera*, *Crotalaria verrucosa*, *Boerhaavia diffusa* ; after cooking the oil keep it carefully in golden, silver, or earthen pot with its mouth well stoppered ; its dose is according to physical condition (Su.).

Oils may similarly be prepared with any of the following plants :—*Aconitum heterophyllum*, *Tinospora cordifolia*, *Helianthus annuus*, *Barleria Prionitis*, *Dichrostachys cinera*; *Asparagus racemosus*, *Tribulus terrestris*, and *Poedaria fœtida* (Su.).

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(B). *Sida Carpinifolia Kalpa* is prepared by soaking successively a number of times the seeds of *Sesamum indicum*, in a decoction of *Sida carpinifolia* roots, and drying them each time ; press out the oil, and cook it successively a hundred times with the decoction of *Sida carpinifolia* roots ; store in an earthen pitcher ; while taking it in adequate doses, the patient should remain protected from the wind in a lonely chamber ; when it is digested, give her milk and boiled 'Shashtik' rice ; give 8 ounces of this oil gradually and observe the general rules. The oil adds a hundred years to one's longevity of life, improves strength and complexion (Su.).

PATHOLOGY OF THE PUERPERIUM :—

(*i*) SUTIKA-ROGA (PUERPERAL DISEASE).

Ætiology :—During the growth of the fœtus, the Root-Principles (*Dhatu*) in the mother's body are lessened and are unstable ; the labour pains, straining efforts, excessive discharge of blood and other matters, and the drying up of Humours reduce her body to a very enfeebled condition (Ch.).

Diseases that arise from a premature delivery as they do in an ulcer patient are Fever, Dysentery, Cough, etc. (Su.).

Any disease acquired by the newly delivered mother, through injudicious conduct of life soon lapses into one of a difficult type (Su.). Wrong management of the puerperium causes aggravation of the three Humours (Va.). If the straining efforts of labour are suppressed when labour pains come on, various diseases appear later (Ch.).

Many diseases that appear during this period are due to predominance of *Vayu* and *Kapha* ; they are very difficult to cure because the strength, vitality, and appetite of the mother are very weak ; the diseases are :—Fever, Œdema, Abdominal Pain, Flatulence, Loss of Strength, Sleep, Loss of Taste, and Water-brash ; all these diseases are called *Sutika-Roga* ; one of them only is very prominent at a time, and the rest remain subsidiary (Ma., Shrikantha.).

Fever is due to (1) improper and excessive application of oleaginous medication (*Sneha*), (2) over-fatigue, (3) physical waste, (4) suppuration, (5) introduction of any extraneous poison into the system, (6) effect of miscarriage, (7) injudicious regime on the part of the woman after delivery, (8) first accumulation of milk in the breast after delivery (Su.), (9) irregularities in the treatment of the puerperium (Brahmadeva).

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Symptoms :—Pains in the body, fever, tremors, thirst, heaviness of the body, œdema, pain in abdomen, and diarrhœa ; there are also inflammations and swellings (Ma.).

Prognosis :—The diseases which the mother thus suffers from are either incurable or are cured with difficulty (Ch.). They become incurable if they are due to too much fasting (Su).

Treatment :—In order to avoid the evil effects, the treatment should be suited to her temperament, the time, the place, and the nature of disease. An attack of fever due to miscarriage, or to spontaneous accumulation of milk in the breast of the mother after delivery, or any other cause should be treated with proper remedies for the Humour deranged (Su.). DEVADARVADI-DECOCTION,—give the decoction of *Cedrus Deodara, Acorus Calamus, Saussurea Lappa. Piper longum* fruit, *Careya arborea, Swertia chirata, Picrorhiza Kurrooa, Coriandrum sativum, Terminalia Chebula, Plantago amplexicaulis, Solanum xanthocarpum, Tribulus terrestris, Fagonia arabica, Solanum indicum, Tinospora cordifolia, Pistacia integirrima, Nigella sativa* and ginger ; it cures abdominal pains, bronchitis, fever, difficulty of breathing, fits of unconsciousness, delirium with tremors, and headache (Sha.).

(*ii*) DELIRIUM.

Delirium (Puerperal Insanity ?) may appear at the time of delivery (Ch.).

(*iii*) LOCHIA.

Treatment :—If there be any abnormality of the lochia, the mother should be given to drink a lukewarm solution of treacle mixed with powders of *Piper longum* root and fruit, *Scindapsus officinalis, Plumbago zeylanica*, and ginger, for two or three days, or longer, till the disappearance of the vitiated lochia (Su.).

(*iv*) PRASUTI-MAKKALA.

This has already been described.

(*v*) THE MAMMARY GLAND.

(A) MASTITIS :—The milk carrying ducts are closed in the breast of a nullipara ; the Humours are thus prevented from getting into them and causing any disease in the breast ; in parous women, these ducts open and expand of their own accord, and make the entry of Humours and of disease possible ; the deranged Humours obtain access to the breasts, whether lactating or not, vitiate the local flesh and blood, and give rise to diseases like Fistulæ and Sinuses (*Nadi-*

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vrana), owing to the presence of a large number of recesses and cavities in its inside (Su.).

All the five types of abscesses,—(1) *Vataja*, (2) *Pittaja*, (3) *Kaphaja*, (4) *Sannipataja*, (5) *Kshataja* or *Shalyaja* (traumatic) are seen, and the symptoms are indentical with those of External Abscessses (*Vidradhi*); the *Raktaja* type (a blood tumour) is not found (Su.); there are also three other types of diseases due to the presence of two Humours at a time (*Dwandaja*), (Gayadas does not accept this) :—(6) *Vata-Pittaja*, (7) *Vata-Kaphaja*, (8) *Pitta-Kaphaja* (Dallana).

Treatment :—In case of *Inflammation of the Breasts*, employ any one of the means used for ulcers, with a due consideration of the requirements of each case; give medicines internally only; do not apply any poultices for speedy suppuration of the breasts, even though it has commenced to suppurate; since the breasts are soft and fleshy, do not apply tight bandages lest local sloughing and even bursting occur (Su.). Take the decoction of the roots of *Ricinus communis*, *Citrus medica*, *Tribulus terrestris*, *Solanum indicum*, *S. xanthocarpum*, *Parmelia perlata*, *Ægle Marmelos*; add to this oil of *Ricinus communis* seeds; asafœtida, alkali of barley shoots, and 'Saindhava' salt; it cures breast-diseases due to *Vayu* and also those of shoulders, waist, heart, etc. (Sha.).

(B) ABSCESS (*Vidradhi*) :—

Symptoms :—The inflammation suppurates ealy, and extends irregularly into the skin, muscles, bones, blood, etc.; it is painful, and round or irregular in shape; it is either (*a*) external, or (*b*) internal; the internal abscess extends deep into the tissues, is hard like a tumour, and is very dangerous to life; its internal or external nature is determined by the intensity of the symptoms (Va.).

RAKTA-VIDRADHI (a blood tumour)—It is darkish, and has dark boils on it; there is intense burning, pain, fever, and thirst; in women, it is more internal than external (V.).

Treatment :—If there is suppuration, operate; avoid the milk-carrying ducts, as well as the nipple with its black areola (Su.).

In all cases of abscess of the breast whether (1) non-suppurating, (2) suppurating, or (3) suppurated; press out the milk; in the 1st case, the burning sensation is alleviated; in the 2nd case, further suppuration is avoided; in the 3rd case, sores, sinuses, etc. are prevented (Dallan). Vitiated breast-milk should be sucked off with the mouth or the horn (Su.).

(To be continued)

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Reports of Societies, etc.

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ALL-BENGAL AYURVEDIC CONFERENCE

GLORY OF AYURVEDA

Mm. Gananath Sen and Kavirajsiromani Syamadas's Addresses

Two foremost Calcutta Ayurvedic physicians—Mahamahopadhyay Kaviraj Gananath Sen and Kavirajshiromani Shyamadas Vachaspati, who acted respectively as Chairman of the Reception Committee and Pressdent of the First All-Bengal Ayurvedic conference, held recently at Albert Hall, Calcutta, laid in course of their addresses, a special stress on the duties and responsibilities of the Bengal Kavirajes in reviving, at the present time, the pristine glory of the indigenous, i. e., Ayurvedic system of medical treatment, which has become a supreme necessity in the wake of the Swadeshi movement which has, of late, made rapid strides in Bengal.

The Hall was on the occasion tastefully decorated in right oriental style and there was a large gathering of Kavirajes, doctors, and other distinguished public men, almost all the 850 seats in the hall being occupied.

About 300 delegates, from different parts of the province, besides 250 members of the Reception Committee were present at the Conference which opened with a specially composed Bengali song.

Among the distinguished persons who attended the Conference were Acharya P. C. Ray, Sj. Santosh Kumar Basu, Mayor of Calcutta, Mr. A. Rezzak, Deputy Mayor, Dr. Sundari Mohan Das, Rai Bahadur Jaladhar Sen, Mm. Phani Bhusan Tarkabagish, Mm. Kunja Behari Tarkasiddhanta, Sj, Satyananda Bose, Kaviraj Bimalananda Tarkatirtha, Sj. Khagendra Nath Chatterjee, Prof. Benoy Kumar Sarkar, Sj. Kiran Chandra Dutta, Kavirajes Nishit Kanta Sen (Barisal), Mahendra Chandra Gupta (Chundernagore), Jiban Kali Roy (Berhampore), Surendra Kumar Das (Deoghar), Satyabrata Sen, Indu Bhusan Sen, Nibaran Chandra Makaradhwaj-Visharad, Dr. Hari Nath Ghose, Sj. Nalini Ranjan Pandit, Dr. A. K. Sarkar, Health Officer, Faridpore, Dr. Ahi Bhusan Mukherji (Burdwan), Maulvi Wahed Hussein, Rai Bahadur Indu Shekhar Mukherjee, Dr. B. K. Roy, Dr. Amiya Madhab Mallick, Sj. Jatindra Nath Sen, Sj. Narendra Nath Sett and Sj. Satcowripati Roy.

Kaviraj Bimalananda Tarkatirtha, Secretary of the Conference, read at the outset messages received, among others from the Raja Bahadur of Nashipore.

An instructive Exhibition of Indian medicinal herbs, minerals, charts and other anatomical and physiological articles, all of Ayurvedic interest,

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was held at the Sanskrit College Hall in connection with the Conference and was highly appreciated.

MAYOR'S SPEECH

Sj. Santosh Kumar Basu, Mayor of Calcutta, at the outset addressed a few words of welcome to those present, in course of which he recalled the past glorious days of Ayurveda when as a system it reached through the indefatigable efforts of ancient Indian physicians the highest pinnacle of success. He referred in eulogistic terms to the successful working of the Ayurvedic Institutions in the city under the guidance of those whom he called the truest repersentatives of Indian ideal of 'Sadhana' and concluded by wishing success to the Conference.

MM. GANANATH SEN'S ADDRESS

In the course of his address in Bengali as Chairman of the Reception Committee, Mahamahopadhyaya Kaviraj Sj. Gananath Sen, Saraswati, Vidyasagar, M.A., L.M.S., said :—

There have no doubt been no less than twenty-four Sessions of the All-India Ayurvedic Conference held in different parts of the country and it is my proud privilege to refer to the fact that the presidential chairs of no less than seven of them have been occupied by Kavirajes of Bengal. But though Provincial Conferences have already been organised in Behar, United Provinces, Madras and the Punjab, Bengal has not, before this, risen to the necessity of organising a Provincial Conference of its own. For she so long lacked enterprise, the spirit of organisation and the necessary action in regard to the future immense possibilities of Ayurveda as a science of healing. I am therefore glad that at long last the Kavirajes of Bengal have organised this first session and attended it in so large numbers from different parts of the province, to all of whom I accord a hearty welcome.

As a science, Ayurveda does not belong to Bengal or India alone, but I might justly say that it is an invaluable treasure to the whole world. In ancient times the world sat at the feet of India to learn the fundamentals of healing science. It was then that countries like Arabia, Egypt, Persia, Greece and Rome, Burma and China were not slow to acknowledge their debt to India for learning this science of inestimable value. But the times have changed. Now Ayurveda is no longer regarded by the modern physicians as the very old and recognised science that it had once been regarded in remote antiquity. But still, there are men like Drs. Wise, Royal, Hakim Ajmal Khan who have fully recognised the value and superiority of Ayurveda to other systems of medicine.

But the ravages of time, extending over a period of two thousand years, have well-nigh killed this science of India. We too in our vanity have

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failed to distinguish right from wrong—we have not the strength, courage or introspection to realise the furure potentiality of so great a science that Ayureda unqnestionably is. We are divided in our own camp, dismembered within ourselves in our thoughts and ideals and the result is the present deplorable condition and neglect to which this science has been relegated, especially, in Bengal as compared to other Provinces. But I do hope that as a result of the deliberations in this Conference, our attitude will undergo a healthy change, a change which will open our eyes to the future possibilities of this science, pregnant with immense good for our people.

Referring to the attempt recently made to rehabilitate the past glory of Ayurveda, the speaker alluded to the fifty original Ayurvedic treatises, all of which were not available at the present time but which along with other treatises, such as Sushruta, demonstrated unmistakably how systematised the Ayurvedic system of medicine was, based as it unquestionably was upon the fundamental principles of physiology and matreria medica.

The speaker also urged the necessity of recompiling and re-editing some of the available treatises on the subject in order that the science might prove of better advantage to our people. "For most of the medicinal herbs referred to in the said treatises are very rarely available and hence this necessity of re-editing them."

As to Bengal's place in the history of Ayurveda, the speaker recalled the names of such past stalwarts in the field as Madhab Kar, Chakrapani, Hari Chandra, Gadadhar, Goyadas, Bijoy Rakshit, Gangadhar, Charak, late Kaviraj Umesh Chandra Gupta, Bijoy Ch. Gupta, Jogendra Nath Sen and others, too numerous to mention, whose achievements shed lusture on the Bengali race and whose contribution to Ayurvedic science was of outstanding importance, which would inspire the future generation of Ayurvedic physicians to come forward by writing original treatises including the usefulness of the science.

Proceeding, the speaker stressed the need of reforming the present system of Ayurvedic teaching in Bengal and said that it did his heart good to find that at present there were no less than four Ayurvedic institutions working in Bengal and similar others outside the province that were being largely patronised by Goverment institutions and Boards of Indian Medicines. The speaker however deplored the apathy of the Universities in not laying greater stress on Sanskrit learning and culture which was fast resulting in lessening the number of students in the present Ayurvedic institutions.

Concluding he said that it was high time that they should bestir themselves to give Ayurveda the position it once had. "For," according to the speaker, "Swadeshism was meaningless if it dose not

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improve the indigenous systems of medicines as propounded in the science of Ayurveda. But how many of our present day leaders have the large-heartedness to work for that consummation ?"

PRESIDENTIAL ADDRESS

"Inspite of detractors, a great day is dawning for Ayurveda. Ayurvedic physicians have great responsibilites to shoulder in the future order of things. Let us sink our differences and work with determination to unfurl the banner of Ayurveda, far and wide and keep the torch of knowledge and Truth burning from generation to generation for the good of suffering humantity"—in these prophetic words, Kaviraj Shiromoni Shyamadas Vasashpati concluded his learned presidential address which covered 28 printed pages in Bengali.

After thanking the delegates for having elected him President of the Conference, the president said that though he had been elected President of the All-India Conference more than once, he could accept that honour. Though the impediments that stood in his way were still present, yet the call which came this time from the Ayurvedic Physicians of Bengal was irresistible, to which, inspite of ill-health and other personal difficulties, he could not but respond. Rishis of old used to hold similar conferences for combatting maladies which used to aflict humanity, though diseases on the present scale were unknown then. Malaria, Dyspepsia, Tuberculosis, Cholera, Small-Pox are now creating great havoc and ruining villages and towns.

The need for holding such conferences is therefore more urgent now than ever. And it is incumbent on the members of the profession to exchange views and devise means for giving relief to suffering humanity. There may be different ways of arriving at truth, but the goal is the same. Gurus and disciples, the old and young, seers and savants met together here and he hoped out of their discussions would emerge a fraternity of Ayurvedic physicians linked in bond of followship and brotherhood determind to keep the banner of sacred Ayurved aloft with all its noble traditions.

In paying his tributes to those who had laid down their lives in the cause of Ayurveda, the President referred to the ancient glory of Ayurveda, tracing its origin to the sacred Vedas. He also mentioned the achievements of Ayurvedic Physicians of old who excelled in surgery and diseases of eye, ear, nose and throat and also in regard to the ailments of the animal world.

Continuing the President said :—"Even during the Buddhist period, Ayurveda was the predominant healing science and Ayurvedic surgery with advanced ideas about post-mortem examination of dead bodies flourished under adequate State patronage. History records instances in which the aid of Ayurvedic experts were sought from places beyond the limits

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of India even during the Moslem period. But owing to the gradual indeference of the State during the latter Moslem period and with the advent of British rule in India, Ayurveda lost its predominance and with the State patronage transferred from it to other methods of treatment, Ayurveda became shorn of much of its glory and prestige. It was a wonder that inspite of State neglect and the change which the Western civilisation has brought on the mentality of our countrymen, Ayurveda—thanks to the noble efforts of its votaries,—has succeeded in maintaining its pristine glory, and this fact alone, if not anything else, was the acid-test of the efficacy of Ayurveda as a healing art.

After discussing the scientific basis of Ayurveda and refuting stale arguments to the contrary, the President said that it was a happy augury that with the tide of nationalisn surging through the country the attention of the people has once more been directed towards India's past achievements and it may be confidently hoped that Ayurveda would erelong shine in its former glory.

Referring to different branches of treatment, the President lucidly explained the relative difference in practice between Ayurveda and other methods of treatment. The whole system of Ayurveda, he says, stands on the basis of health—preventive and curative. What a man should do from the craddle to the grave to keep a sound health has been already defined and even the minutest details prescribed by Ayurveda. But general scepticism is the universal feature of the world in these days. And having ignored and neglected the wholesome principles of Ayurveda, people were running after something which could not give them the desired result. After roaming in the wilderness, they have now come to realise the value of the principles laid down by Ayurveda.

What was, then, the remedy ?—asked the President. The Conference had been summoned for the purpose of devising ways and means with a view to arriving at a real solution. It is the duty and concern of Ayurvedic physicians to find out the solution. There is a large number of Kavirajes in different parts of the country and like all human beings they are likely to hold different view-points. But at a critical time like this, it should be their primary duty to unite under common banner of Ayurveda, unmindful of all personal differences. These divisions in our ranks have been responsible for our degeneration. These divisions are making us a laughing-stock before the eyes of all. I, therefore. appeal for unity which is the need of the hour to uphold the banner of Ayurveda and to save the suffering humanity, and I hope my appeal will not go in vain.

Addressing the students of Ayurveda, the President said that ample opportunities have been provided for the students. There are as many as four Ayurvedic colleges in Calcutta, imparting education to hundreds of pupils every year. This is no doubt a great departure from the ancient methods of instruction. But with his life-long experience as a Guru he

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felt that most of the students who take to Ayurveda have not got sufficient knowledge of Sanskrit which was essential for the study of Ayurveda. This, he pointed out, was a great handicap.

Concluding, the President offered a number of useful suggestions for the guidance of Ayurvedic physicians. He said that Ayurvedists should read the original texts with great devotion and its rules and principles should be followed with the greatest care. They should remember that Ayurvedists should enter their profession with the sole motive of giving relief to suffering humanity. They must have unflinching faith in their own principles of treatment, at the same time, should not stand in the way of expanding the scope of Ayurveda by assimilation. Ayurvedic text books should be in Sanskrit language as having an all-India appeal. To achieve these objects, every Ayurvedic institution should have hospitals, herboriums, compounding rooms, research rooms and libraries attached to it. We should also devote our attention to the collection and preservation of ancient Ayurvedic texts and take steps to reprint them with proper editing. Stipends should be offered for the encouragement of authors and researchers. Health propaganda to acquaint the people with the elementary principles of preservation of health and of combatting diseases should also be undertaken.

"I hope as a result of this conference we would be able to devise suitable means for the fulfilment of our mission. Let us forget our petty differences and work with silent devotion 'Heart within and God overhead' and success is sure to attend our efforts"—concluded the President amidst applause.

THE MADRAS AYURVEDIC COLLEGE GRADUATES' ASSOCIATION OFFICE,

Kottapatam, (Guntur District.)

The Graduates of the Madras Ayurvedic College that attended the Andhra Vaidya Sammelan on the 26th and 27th November, 1933, at Bheemavaram passed the following resolutions :—

1. Resolved that the Madras Ayurvedic College Graduates Association which has been silent since 1927 should once again be revived.

2. Resolved that the members of the Association should assemble every year along with the Andhra Vaidya Sammelan and discuss about the work of the association and Bhishagvar N. Kesavacharlu, A. M., A. C. be the Secretary and Bhishagvara M. V. Subba Rao, A. M. A. C. and Bhishagvara K. Krishnayya be the Assistant Secretaries for the year.

3. For the finances of the association each member of it should pay an annual subscription of one rupee and the members are requested to immediately pay the subscription before the 25th December 1933 and join as members of the association.

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PROGRAMME FOR THE YEAR.

1. Election of the President.

2. It is understood that the recent registration rules provide for the registration under A class such of the students who have received training in western medicine in addition to the subjects in Indian Medicine. It is therefore informed that those graduates of the Madras Ayurvedic College that received training, both practical and theoretical, should submit application through Bhishagrathna Dr. A Lakshmipathi B. A., M. B., C. M., mentioning in which year and under whom they received training in western subjects, i. e., (Anatomy, Physiology, Surgery and Midwifery etc.,) and also College Certificate for registration, to the President Central Board of Indian Medicine.

3. Those of the Madras Ayurvedic College graduates employed in the Dispensaries maintained by the Local Boards that wish to indent for Allopathic Drugs and surgical instruments have to furnish a certificate granted by a qualified Registered Medical Practitioner to the effect that he is competent to use them. Such Certificates may be granted by Dr. A. Lakshmipathi Garu or any registered Allopathic Doctor that taught the above subjects. Thereupon the Madras Ayurvedic College Graduates are advised to submit their applications to the Ex-Principal, Madras Ayurvedic College, Dr. A. Lakshmipathi, stating in which year and under whom they received training in those subjects; and he will forward the application with his recommendations.

4. The members of this association will be furnished with copies of G. Os. pertaining to Indian Medicine that the Government issues from time to time and also will be rendering necessary advice regarding Registration.

5. A book of 70 pages containing all the G. Os, since 1918 to 1933 regarding Indian Mrdicine in English and G. O. No. 231 and its amendment, G. O. No. 1093 with the rules of the U. P. has been published in Telugu. Copies of it can be had by remitting Rs. 0-5-0 along with their Annual subscription.

N. B.—All members are requested to give their full address and to intimate the names of our graduates working in their locality.

KOTTAPATAM,
Dated 20-12-33.
(Guntur District.)

N. KESAVACHARLU A.M. A.C.,
Secretary.

M. V. SUBBARAO A.M. A.C.
K. KRISHNAYYA A.M. A.C.
Asst, Secretaries.

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Reviews and Notices of Books.

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GOURANGADEV AND KANCHANPALLI

By Principal S. C. De, M.A., B.L., I.E.S. (Retd.). Published by the author himself from 11, Ray Street, Elgin Road, P. O. Calcutta ; PP. 600, Price Rs. 2/4 only. Postage extra.

We have been presented with a copy of the above book for review. The book has been written in elegant Bengali with occasional quotations from Sanskrit and other literary works in support of the themes, the author wants to establish.

The circumstances that prompted the writer to write the book may be summed up as follows :—

(1) To survey the causes that are responsible for the gradual deterioration of the once prosperous village Kanchanpalli, as also to find out the means to be adopted to rehabilitate its old glory.

(2) To encourage the inhabitants of Kanchrapara to work for the good of the village.

(3) To acquaint the public with the life-history of the disciples of Gourangadev such as Sen Shivananda, Poet Karna-karpur, Srinath Pandit, Jagadananda Pandit, Basudeva Datta etc., who were all inhabitants of Kanchanpalli.

(3) To review the works and celebrate yearly the memory of the two famous poets, Karnakarpur and Iswargupta, who lived and died at Kanchrapara.

(4) To recapitulate the historical events of Chaitanya Dev's travel in the Deccan as described in Govindadas's work as also to locate the places visited by Chaitanyadev during this travel.

(5) To celebrate annually the memory of Chaitanyadev's visit to Kanchrapara and that of his devotees who lived at Kanchrapara.

The author has not only established through his inimitable, lucid and forceful style that our Lord Chaitanya did visit Kanchanpalli and that some of his closest and dearest disciples belonged to the village but has also been able to bring before the eyes of the readers some facts about our Lord's sojourn in the Deccan which are not found even in the works of Govindadas.

A student all through his life, the writer presents in his book under review something like a research work about Lord Chaitanya. Besides this, his writings about the present deplorable state of the once flourishing village Kanchrapara and the means to recoustruct it deserve special attention of all social workers and the Government, as the means suggested are good for any village of the present-day Bengal and as such the book will amply repay a perusal.

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In conclusion, the author's idea of celebrating the memory of the departed great including men like Iswar Gupta—not at all *gupta* (hidden) as the Pravakar (Sun ?) owed its glory to him—and poet Karnakarpur is no doubt praiseworthy and deserves not only encouragement but imitation, as it is by worshiping the departed great that a nation becomes great.

We wish the book a wide circulation and the author a long life, just to guide the younger generation by such humanitarian works.

The book is availble at the above address from the author himself.

Baidyanath, Hindu Samaj

O

Pallisangathan

By Principal S. C. Dey, M.A., B.L., I.E.S. (Retd.). Published by the author himself. PP. 186. including appendix ; Price as. 12 only, to be had of from the author at 11, Ray Street, Calcutta.

We have received a copy of the above work by Principal De and read the same from Preface to Appendix and the interest created was so fascinating that the writer could not but finish the reading at one stretch.

The writer had occassions to visit and stay at Baidyanath and as such took much interest in the portion about Baidyanath and it may be said without any fear of contradiction that a fairer account of that part of Bihar is very rare, if not unavailable.

About the author's observation on Hindu Society, as it is to day, and village organisation, we are glad to announce that though belonging physically to the old school, our author is quite modern and up-to-date mentally. He advocates female education, female imancipation, physical culture for both the sexes, village reconstruction and such other social works for the uplift of the entire society. He also advocates untouchability, not only as a disciple of the Great Chaitanya but as a principle. True religion of the Hindus also does not encourage the present tyranny of caste-laws. Hindus of the present age have totally forgotten their true religion and this is why Indians, specially the Hindus, are the worst off in the comity of nations of the mother Earth.

We are quite one with the author and whole-heartedly believe in what he says or supports, as it is by such constructive social works and religious reforms that the entire Hindu race may once again assert its existence as an honourable integral part in the world's parliament.

The author introduces his opinions with arguments for and against his own views and establishes his principles on a sound footing and as such his work is both instructive and educative.

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The reader will find in the book much that is worth knowing as well as beneficial for him and his neighbours. The author's views are all the more impressive when we learn that he is himself putting into practice his own views on village reconstruction at his own native village. We wish the book a wide circulation.

H. N. C.

CORRESPONDENCE.

—:o:—

THE EDITOR,
JOURNAL OF AYURVEDA,
CALCUTTA.

Sir,

Will you oblige me by publishing the matter given below in your widely circulated esteemed journal.

"I had an occassion to attend the Convocation of Ayurvedic and Yunani educational institutions affiliated to the Indian Board of medicine for U. P. held on 20th January, 1934.

It began at 4-45 p.m. under the Presidency of Hon'ble Sir Wazir Hasan, Kt., on the Oudh Chief Courts Grounds, Lucknow.

Attendance was about 400 consisting of Rai Bahadur Pandit Kanhayalal, Retired Judge, Allahabad High Court and several old and new members of the Board of the Indian Medicine for U. P. Besides these, there were Doctors, Vaids, Hakims, Munsiffs and gentry from the muffasil and town.

The Chairman awarded Medals and diplomas to deserving candidates who "Promised" to discharge their duties conscientiously and for the welfare of the humanity.

The Chairman read over the function and the past and present history of the Indian Medicine Board for U. P.

The gathering dissolved at 5 p.m, after which a garden party was given by the secretary of the Indian Board of Medicine for U. P. in pleasure of Hakim Abdool Hasib Saheb securing the title of "Sata-ul-Malk" by the Government.

The party terminated at 6 p.m. and was a great success.

Thanks are due to the Chairman for his effort and good will which were instrumental in the up-lift of the cause of Hakims and Vaids and improvement of the Ayurvedic and Yunani systems of Medicine.

(Sd.) KANHAYALAL JAIN, VAID RATAN,
Cawnpore.
(Late member of the Indian Medicine Board for U. P.)

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PRESIDENTIAL ADDRESS

DELIVERED BY

SIR MAZIR HASAN, KT.,

at the first Convocation of Ayurvedic and Unani educational institutions affiliated to the Board of Indian Medicine, U. P.,

held on 26th January 1924 at 4-15 p. m. on the ground of the chief court of Oudh Lucknow.

Graduates and Diploma-holders of the year :

You are already aware that with the close of the year 1932-33, the Board of Indian Medicine, United Provinces, has completed the first seven years of its existence, although it was recognised as a Government institution with effect from April 1, 1930, only. The functions of the Board, as you know, are :—

(1) To advise Government in all matters connected with the organisation and development of the Ayurvedic and Unani systems.

(2) To prescribe courses of study for examinations.

(3) To appoint examiners and conduct all examinations under the Indian systems of medicine.

(4) To confer certificates, diplomas and degrees on the candidates, who are successful at the examinations held by it.

(5) To register medical practitioners

(6) To distribute grants placed by Government at the disposal of the Board.

(7) To appoint sub-Committees to advise the Board on technical questions.

The Board consists of a Chairman, 18 members and a part-time Secretary. One member is elected by each of the Executive Councils of the Allahabad, Benaras, Aligarh and Lucknow Universities. Two representatives of the Ayurvedic teaching institutions and two representatives of the Unani teaching institutions of the province are also members of the Board. Two Vaids represent the registered Vaids and two Hakims represent the registered Hakims of the province on the Board. One member is elected by the United Provinces Vaidya Sammelan and one member is elected by the United Provinces Anjuman Tibbia. Two members are elected by the United Provinces Legislative Council and two members are nominated by the Government.

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In order to carry out the work of the Board the following sub-committees have been appointed :—

1, Board of Examiners.
2 Courses Committee.
3. Recognition Committee.
4. Grants-in-aid Committee.
5. Registration Committee, and
6. Finance Committee.

The Board conducts examinations in Ayurvedic and Unani systems once a year in four different centres in the province, that is to say, in Lucknow, Allahabad, Aligarh and Hardwar, and issues diplomas and certificates to the successful candidates. So far, 23 candidates have been successful at the V year (Final) Unani College Examination, 40 candidates at the III Vear Unani College Examination, 18 candidates at the IV Year (Final) Ayurvedic School Examinations, 43 candidates at the II Year Ayurvedic Schools Examinations, 33 candidates at the IV Year (Final) Unani Schools Examinations and 76 candidates at the II Year Unani Schools Examinations.

The Board also prescribes courses for Ayurvedic and Unani Schools and Colleges under its control and intends to bring out text books on modern lines for the use of the Schools and Colleges. The College Course extends over a period of five years and the School Course takes four years to complete. All modern subjects including surgery and dissection work are taught both in the Schools and the Colleges. A Recognition Committe has been appointed by the Board which deals with the question of affiliation of those institutions which apply for recognition. The Committee visits these institutions and reports on their suitability or otherwise for affiliation.

Let me also tell you that grants ranging between Rs. 75/- and Rs. 3,000/- are distributed each year on the recommendation of the Grants-in-aid Committee, consisting of the Chairman of the Board and 6 Members, out of the allotment of Rs. 50,000/- or less placed by Government at the disposal of the Board for over 300 dispensaries and educational institutions in the province. Applications for grants are invited every year through the medium of the press and the cases of the old and new dispensaries and institutions are carefully considered. These grants are allotted to the dispensaries and institutions to enable them to carry on their work in a more systematic way than has been done previously. The main condition precendent to the allotment of grants is that these dispensaries and institutions should afford medical relief free of charge to patients both in urban and rural areas. It will be interesting to note that these 300 dispensaries treat about 35 lakhs of patients each year. A large proportion of the population of these provinces has recourse to treatment

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afforded by the indigenous systems of medicine. These dispensaries play a very important part in the life of the people of these provinces, especially in the rural areas, and, the systems being cheap, they are very popular with them.

Further, I may imform you that the Board has opened a register in which the names of Vaids and Hakims, who are noted for their ability and utility to the public, are entered. Vaids and Hakims, who have practised their profession for a period of ten years or over, are entitled to be registered in class A, and those whose practice exceeds 5 years but is less than ten years, are put in class B. The registration is calculated to bestow upon Vaids and Hakims the privilege of electing two Vaids and two Hakims as members of the Board, to stock certain poisonous drugs also in their dispensaries on production of their registration certificates before the District Magistrates, and to issue certificates of age, leave and fitness for service to employees of Local Bodies such as the District and Municipal Boards and the Notified Area Committees. Students who pass out of certain Ayurvedic and Unani institutions of the province or outside it are also registered as soon as they obtain their degrees or diplomas,

The registers and account books of the Board are carefully and systematically maintained and the accounts are scrutinised by the Finance Committee consisting of the Chairman and two Members of thh. Board each year. Tne recommendations of the Grants-in-aid Committee regarding the allotments made by it to the various dispensaries and institutions are scrutinized at rhe general meeting of the Board.

There are five Ayurvedic and four Unani Schools at Stawahk, Gorakhpur, Pilibhit, Cawnpore, Bahraich, Allahabed and Lucknow, which are in receipt of grants from this Board. In addition to these, there are two Ayurvedic and Unani Schools at Hardwar and Lucknow and two Ayurvedic and Unani Colleges at Benares and Aligarh respectively, which receive aid from the Government direct. The last four institutions also receive aid from this Boaid for the expenses of dispensaries maintained by them for the benefit of the public.

Under the orders of the Government, inspection of dispensaries and institutions is at present carried on by the District Revenue Staff and the Members and Officers of the District and Municipal Boards in the province. The inspection reports are sent to the Board for scrutiny at the time when grants are alloted to the various dispensaries and institutions.

You will be glad to learn that Government has issued instructions to District and Municipal Boards and Notified Area Committees in the province to employ in their service the candidates who are successful at Board's Examinations whenever a vacancy occurs Having successfully

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gone through the course prescribed by the Board, some of you will no doubt enter the service of these local bodies, and some of you will start practice on your own. But before I take leave of you, I do wish seriously to impress upon you that whatever position you are called upon to fill in life, make up your mind thoroughly and determinedly to do your best, as your task is arduous and the responsibilities great. I am sure that with a little patience and persevereance you will be able to accomplish this. Your profession is certainly one of the noblest and most humane. Set yourselves to win the best in it. Remember that truth, honesty and service are what the world wants to-day, and as you go out into the world, armed and equipped with what the Board has been able to place in your hands, put all your strength into effect for something higher and better. I wish you success.

Medical News & Notes

—:o:—

MEDICINE DEALER CONVICTED.

The November 30th issue of "The Times" of India along with other important publications of Bombay published an item of the arrest, trial aud conviction of Atma Ram for selling spurious Antiphlogistine. The accused was charged at the instance of Mr. C. W. B. Rayner, Bombay manager of Messrsr Muller and Phipps, the agents in India for the Denver Chemical Manufacturing Company of New York, manufacturers of Antiphlogistine.

The accused was sentenced to fine and imprisonment by Mr. Oscar H. Brown, Presidency Magistrate, Mazagon Police Court. It was urged on behalf of the accused that he was but a petty dealer and that he was unaware of the fact that the substance contained in the tin was not the genuine Antiphlogistine—his Worship was unable to accept this contention as the accused had been formerly employed in a firm of chemists and was well acquainted with the general appearance and get-up of such articles. Continuing, the Magistrate said that the accused should have been warned by the fact of the low price at which he was able to purchase this article and from the evidence it was clear that the accused was not the innocent, unwary person he now gave himself out to be.

The Denver Chemical Manufacturing Company of New York proposes to take every step to safeguard their interests, and the imitators, counterfeiters and substitutors will be prosecuted to the full extent of the law. In a number of instances, complications to a fatal termination have been brought about through the use of imitations of Antiphlogistine and it is

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gratifying to know that the courts recognize the necessity of protecting the public from the use of inert and harmful products which are made to replace preparations of superior merit.

THE QUEEN OF THE SENSES

(*Continued from our last issue.*)

It is well to know that in reading only the upper halves of printed words are of value.

Example :—

THE SIMPLEST METHOD OF EXHIBITING CORRECT SOUND OF WORDS

Some letters of the alphabst can be better made out from a distance than others.

Most :—	w,	m,	q,	p,	v,	j,	f.
Fairly :—	h,	r,	d,	g,	b,	l,	n.
Least :—	a,	t,	z,	i,	o,	c,	s.

Wm. Sterling.

Visual defects of the normal Eye.

The eye has every possible defect that can be found in an optical instrument, and even some which are peculiar to itself ; but they are all so counteracted that the inexactness of the image, which results from their presence, very little exceeds, under ordinary conditions of illumination, the limits which are set to the delicacy of sensation by the dimension of the retinal cones. But as soon as we make our observations under somewhat changed conditions, we become aware of the chromatic aberration, the astigmatism, the blind spot, the venous shadows, the imperfect transparency of the media, and a multitude of other defects.

Now it is not too much to say that if an optician wanted to sell me an instrument which had all these defects, I shoul think myself quite justified in blaming the carelessness in the strongest terms, and giving him back his instrument. Of course, I shall not do this with my eyes—and shall be only too glad to keep them as long as I can—defects and all. Still, the fact that, however bad they may be, I can get no others, does not at all diminish their defects, so long as I maintain the narrow but indisputable position of a critic on purely optical grounds.

The eye in itself is not by any means so complete an optical instrument as it at first appears ; its extraordinary nature depends upon the way in which we use it ; its perfection is practical, not absolute, consisting not in the avoidance of every error but in the fact that all its defects do not prevent its rendering us the most important and varied services.

H. Helmholtz, Popular Lectures.

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Writing about the Nervous System, Ronald C. Racfie says, "think of this extraordinary collection of millions of cell and millions of fibres all acting and reacting and in thousands of co-operative groups ; efferent impulse answering afferent impulse, with the wisdom, precision and prescience of a Solon, with a delicate physico-chemical ingenuity that no Faraday or Kelvin could emulate, with the results as amazing as all the functions aud feelings and thinkings of a man. Think of it. Millions of these cells vibrate at the rate of forty to eighty vibrations a second for years and years. Little groups of tbem are looking after the blood vessels. Little groups of them are engaged in watching the breathing. Little groups of them are engaged in balancing and performing other complex co-ordinating movements. Little groups of them, under very mixed and complex afferent impulses from the eye and joints and cerebral cells, are moving this pen across the paper. Little groups of them are translating the molecular excitement produced in them by afferent impulses, set up by invisible waves of ether or air translating this excitement into colour and beauty and music. The intricacy and multitudinousness, the delicacy, and precision of the network of cells and fibres, of discharging stations and receiving stations, baffle the imagination.

Walt. Whitman.

Eye-Strain.

This brings us to the important subject of Eye-strain. Eye-strain means strain on the muscles of the eye, both internal and external, which in its turn produces a train of symptoms described below.

The most important amongst them is headache. The other symptoms are aching of the eyes, tenderness, fatigue, watering and redness of the eyes. The eyelids may be slightly reddened or styes may appear in the lids one after another. Blinking is a frequent sign amongst children. Headache is by far the most common and important symptom of eyestrain for which innumerable cases are constantly referred to ophthalmic surgeons and rightly so.

There need not be any pain or discomfort in the eye itself and still eyestrain may be the cause, nor need the error of refraction be great, for it is generally the minute errors of refraction that cause headaches. In many cases, the patients' eyesight is good and they say so. But the clear vision they get is at the expense of nervous energy. "The patient sees well but in the majority of the cases he does so at a cost which, physiologically speaking, he cannot afford to pay. He lives well up to the limit of his nervous income and any slight unexpected attack will very readily project him into bankruptcy It is when he has reached this state that he appeals to his doctor to be relieved of headache or an attack of neuralgaia."

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The detection of eyestrian is not an easy matter even by a medical man, hence it is important that a reliable oculist should be consulted. I say reliable because a clever ophthalmologist may not have the time or the patience to investigate the case thoroughly. Thorough examination of a case of refraction takes at least from half an hour to an hour, and a busy consultant who sees his waiting room full of patients is likely to make a hurried examination of the case, if he is not a conscientious worker. In this connection, George M. Gould in this Biographic Clinics writes "Ophthalmologists have been derelict in their duty in giving way to popular prejudice in seeking surgical success while indifferent to the higher and nobler function of preventing disease by means of the relief of eyestrain."

The same author writing about an optician says: "Few opticians can rightly do their legitimate work, the making and fitting of spectacles. And this is because they are striving to do the physician's duty. It should be as illegal and impossible for an optician to sell a pair of lenses without a physician's prescription as it is for a druggist to sell poison without medical warrant. The latter kills instantly, the former slowly. I have myself come across cases in which higher convex glasses were given by the optician to prop up the failing accommodation of the patients. Later on when they consulted me, they had cupping of the optic discs. An irreparable damage was done by failure to diagnose early cases of glaucoma." To return to our subject of headache, the diagnosis of eyestrain becomes easy if the patient complains of pain at the back of the eyes or discomfort or fatigue being felt after prolonged use of the eyes.

Headache due to eyestrain generally comes on after the use of the eyes for close work, and therefore it is more pronounced in the evening after the day's work. Headache appearing in the early morning after a good night's rest is seldom due to eyestrain. Usually the headache due to eyestrain is in the frontal region, often immediately above the orbit (Sydney Stephenson). Yet what Leonard Williams says is entirely true that "neither the distribution of the neuralgia (except that it is generally cranial) nor the type of the headache affords any indication that it is the eyes which are at fault, so that it is all the more important to keep constantly reminding ourselves of the now well-established fact that where either of these symptoms cannot be traced to any obvious cause, eyestrain is, in all probability, the main factor in their production."

The type of error of refraction that is responsible for headache is hypermetrophia, hypermetropic astigmatism or unequal refractive error in the two eyes. The smaller errors are the greatest offenders. Myopia on the other hand seldom causes headche. Muscular imbalance which is often overlooked by a busy consultant should be thoroughly investigated.

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Educated persons are more likely to be affected than illiterate people and women and children and neurotic persons more so than others. In addition to this, there are some genuine cases of nervous disorders, which are undoubtedly due to eye strain.

I have had a few cases of migraine referred to me by general practitioners. Two of these had a small amount of astigmatism present and they both got marked relief after the use of glasses. Many cases of so-called neuralgia have been referred to me for eye examination. Not all have responded to the treatment by glasses but a few patients have come back to me expressing great satisfaction and relief after the use of the glasses.

Weir Michael has reported a case of a young girl who after the use of her eyes developed headache, uneasiness of gait and a sudden sense of terror and vertigo. The case was diagnosed as cerebral anaemia but the symptoms disappeared after the use of proper glasses. Dr. W. Thomson of Philadelphia in his paper on "Astigmatism as a cause of persistent headache and other nervous symptoms" described two cases where such symptoms as insomnia, vertigo, nausea, depression, emesis, tinnitus, depression and failure of mental power were relieved by glasses. I had a case of a young man with high hypermatropic astigmatism who complained of retching sensation and giddiness after reading for a while. The symptoms were immediately and permanently relieved after the use of proper glasses.

The symptoms may simulate brain tumour as in the case reported by M. Staller. They included violent headache, nausea, vomiting, vertigo, diplopia, dimness of sight, loss of memory, insomnia, mental depression and staggering on walking. Provision of glasses put an end to all these symptoms. Sydney Stephenson reports a group of cases in which nervous breakdown is the prominent sign. There is vague headache and feeling of depression, there is a pessimistic outlook on life with a feeling of impending misfortune.

Some of these cases are described as brain fag, neurasthenia or cerebral congestion but the fact remains that they are cured by proper glasses. In this connection Dr. Reber remarks :—

"To the general profession and to the lay mind it will need much iteration and reiteration to bring about the belief in the postulate, for instance, that a cervico-brachial neuralgia could be symptomatic of eye-strain ; that riding in tram cars was simply impossible to a patient because of eye strain ; that mental depression, intellectual confusion, and entire change of the temperament of one's life could follow upon so seemingly small a cause."

To be continued.

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THE JOURNAL OF AYURVEDA

Vol. X.] May, 1934. [No. 11.

Late Dr. Ashutosh Roy, L. M. S., M. R. A. S.

Death occurred at Hazaribagh on Tuesday the 3rd of April 1934, of the renowned physician Dr. Ashutosh Roy L. M. S., M. R. A. S. Dr. Roy was suffering from high blood-pressure for some time past, but he was in apparent good health and had been attending to his professional calls and other activities of life like an ordinary normal man. On Sunday, the 1st. April, at about 10 A. M, while Dr. Roy was talking with the Manager of the Indian Motor Co. Ltd., at the latter's office, he was suddenly attacked with a fit of apoplexy and became unconscious. Lt. Col. R. H. Lee, the Civil Surgeon of the place, accidently dropped in there immediately after and rendered him first aid. Dr. Roy was then removed to his house in an ambulance, but he never regained consciousness and passed away on the 3rd. in the evening at 7-11 P. M. Rai Bahadur Dr. B. C. Ghose, retired Civil Surgeon, Dr. Bimal Chandra Sarkar, the Asst. Surgeon of Bettiah, on leave, Dr. N. Mazumdar, the Asst. Surgeon of the Sadar Station, Dr. Kamala Prassad, M. B., Dr. D. C. Shome, M. B. of Calcutta, and all other doctors of the town and the gentlemen of the place without any distinction did their very best to bring back Dr. Roy to life, but all their efforts proved in vain. Dr. Roy was only 57 at the time of his death.

Dr. Ashutosh Roy came of a very respectable and well-knowm family of Calcutta, and was born and

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educated there. After completing his general education from the General Assembly and the Presidency College he entered the Calcutta Medical College, where he soon became very popular, both with the Professors and the students, on account of his merit, depth of knowledge and genialness of conduct. After taking his degree from the Calcutta Medical College in 1906, Dr. Roy practised for some time in Calcutta and then accepted the post of the Medical Officer on special duty under Messrs. Hoare Miller and Co. at Katrasgarh, which post he resigned after a few months. In 1908 he came to Hazaribagh and settled there permanently.

Handsome in appearance, sober in habit, of strong morals and possessed of a kind, open and soft heart, Dr. Roy's merit was seen appreciated in all hands. Within a very short time of his arrival in Hazaribagh, Dr. Roy built up a very lucrative practice and even refused, when offered, responsible and high salaried posts under Bengal and Assam Governments. At Hazaribagh, he was recognised to be the leading man of his profession. The Hospital Committee, the College, the Schools, the Tea District Labour Association and all other recognised bodies considered themselves fortunate in getting him as their visiting physician or advisor. He was also the co-opted member of the sanitary Committee of the District Board and Municipality of Hazaribagh. During the last Cholera Epidemic in 1919, Dr. Roy ignoring all his personal safety coped successfuly with the epidemic with the new method of inoculation. His services rendered in this connection were so great that he literally became an object of worship in the district. It should be noted that Dr. Roy was the first to try the experiment successfully amongst the civil population in an Indian village during an epidemic. This enterprise of his was much appreciated by the Medical profession, both official and non-official in India and abroad. The report of Dr. Roy was published in the Indian Medical Gazette of November, 1919 and a

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gist of it was published in the Medical Annual of London, and Sajous's Encyclopedia of Medicine and Surgery of America, published from New York. The Local Government also waxed eloquent in its appreciation and praise and conveyed its admiration to Dr. Roy under an official letter, signed by Mr. J. D. Sifton I. C. S., Secretary to the Government of Bihar and Orissa, in following words :—

"His Honour (Sir Edward Gait) in council has noticed with great satisfaction the enterprise of Dr. Ashutosh Roy, a private Medical practitioner in Hazaribagh, who succeeded in stamping out an epidemic by means of inoculation." This eulogy has also been embodied as a resolution, being resolution No. 8 in the Government Resolution on the Triquennial Report on the working of the Hospitals and Dispensaries in Bihar and Orissa for the year 1917-19.

Though an Allopath, Dr. Roy's comparative study in all the different branches of medicine was so deep and profound that he was often mistaken to be either a Kaviraj, a Homeopath or a Hakim. His nature was never satisfied with a superficial survey and study of any subject. Whatever subject he took in his head to study, he studied it with the zeal and interest of an ardent student and was recognised to be an authority on the subject. Years back, when he thought of reading Unani, he engaged an Urdu professor and learnt the language and then read the Unani books first hand. He never liked to read any subject through translation, if there was an opportunity of reading it in original. His knowledge of a subject and his masterly exposition of it is well known in Medical world. He was a deep reader and a prolific writer, and all the leading medical journals of India, America and Germany constantly pressed him for his valuable articles to which he contributed liberally. Dr. Roy's articles on "Diet" and "Nervous system

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amongst the ancient Hindus" and those on "Hindu yoga system" are much valued in America, Germany and Amsterdam. The Bureau Tot Bevordering van Het Kinine-Gebruik, 48, De Wittenkade, Amsterdam in their letter of 17th. October 1927 wrote to Dr. Roy ".....In order to make our library as complete as possible we beg to request you kindly to send us a reprint of your publication.....Diet in Malaria and other fevers." Dr. Roy was also a regular contributor to "Yoga," a well known journal published by Dr. Helmut Palmie, Hamburg, Wilhelmaberg, Germay. It may not be out of place to add here that in the various Medical Conferences held in different provinces, he was invited to attend and read his papers there, but as he could not personally attend, his papers used to be read by others.

Dr. Roy's knowledge of Ayurveda was so deep and profound and his strong advocacy and vindication of the claims of Ayurveda as a scientific mode of treatment was so great and just that his contemporary and intimate friend, Late Kaviraj Jamini Bhusan Roy, wanted in 1926 to instal him as the Principal of the Ashtanga Ayurveda Vidalaya and its attached Hospital in Calcutta. But the sudden death of the Kaviraj upset the whole plan.

In 1917, the Sheriff of Madras opened an All India Competition for an article on "Vegetarianism" and Dr. Roy was awarded the Gold Medal, his thesis being considered by the Board of Examiners to be the best. For sometime past, Dr. Roy was devoting much time to the study of "Hindu Yoga system" as compared to the Western and Modern systems of Physiology. His knowledge in this branch became so profound that the "Parsanath Theosophical society" at Hazaribagh invited him to deliver some lectures on this subject. For nearly one year, Dr. Roy was delivering a series of interesting lectures in the Theosophical Society on "Ancient Wisdom and Modern Anatomy", but unfortunately his sad and

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untimely death deprived the members of the society from listening to the completion of his lectures. Dr. Roy was working under a very great strain. All his available leisures were spent in reading various Medical and allied subjects and writing articles, the majority of which remained unpublised. If all his writings are collected and published, they will undoubtedly be very valuable acquisition to the Medical world.

As a man Dr. Roy was above reproach. He was a very religious man, in the true sense of the word. Though a scientist, his belief in God was unique. He always wore a smiling and cheerful face and never used a harsh word to any body. By his death the medical World and the town of Hazaribagh in particular have been deprived of a man, the like of whom it is rare in these days to find.

Dr. Roy leaves behind him his widow, his only son Saraj Kumar Roy, Pleader, three daughters, a number of relations and a large circle of friends to mourn his loss.

May his soul rest in peace.

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Original Articles

BHATTARAKA HARISCANDRA

(931 A. D.)

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

VISHAGACARYA.

Calcutta.

Hariscandra or Haricandra, styled as Bhattaraka and Acarya, was a learned commentator of the *Caraka Samhita.* We learn from Mahesvara's *Sakasanka Carita* that Haricandra was a court physician to king Sahasanka. He was king of Gadhipura. Some identify it with modern Gazipur but according to Hemacandra, it is Kanyakubja :

कान्यकुब्जं गाधिपूरं । हेमचन्द्रः ।

He was one of the many kings who were surnamed Vikramaditya. From the genealogy as traced by Mahesvara in his *Visva prakasa,* we learn that Mahesvara was the sixth in descent from Haricandra. Mahesvara lived in *Saka* 1033 or 1111 A. D., according to Wilson. So if we take thirty years for each generation we get the following dates as noted against each name :—

Progenitor of the family

Haricandra 931 A. D.

Sri Krsna 961 A. D.

Damodara 991 A. D.

Vacaspati 1021 A, D.

Krsna 1051 A. D.	Name unknown.
Sir Brahma 1081 A. D.	Kesirva.
Mahesvara 1111 A. D.	

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Thus we get 931 A. D. for Hariscandra, if we assign 1111 A. D. to Mahesvara.

Hariscandra is quoted by Dallanacary, Bijaya Raksita, Srikanthadatta and Sivadasa.

In *Nivandha Samgraha*, P. 225, he is called **भट्टारक हरिश्चन्द्र** and in *Vyakhya kusumavali* he is styled as :

हरिश्चन्द्राचार्य्य P. 299

In the Manuscripts of *Astangasamgraha Vyakhya*, there is a reference to the commentary of Hariscandra on Caraka Samhita (Vide : *D. C. S.* Madras. Vol xxiii, R. No. 13071) :—

हरिश्चन्द्रकृतां व्याख्यां विना चरक संमतम् ।
यस्तृणोत्यकृतप्रज्ञः पातुमीति सोऽम्बुधिम् ॥

Indukara in his *Sasilekha*, refers to Hariscandra :—

यद्यपिभट्टारकप्रस्थानेन च परिप्रश्न व्याकरणमुत्क्रान्ताभिधानहेत्वाद्रुपाश्चतस्त्रोऽवशिष्यन्ते तथापि तां आचार्य्येणतन्त्रेणानवद्या इति— अत्रनोच्यन्ते ।

Astanga Samgraha, Uttara, Ch. 50. P. 473.

Acarya Svami kumara in his *Panjika* or commentary on *Caraka samhita* refers to Hariscandra :

"मुनिं हरिश्चन्द्रमृषिं विपश्चिताम्प्रकाशितार्थंचरकन्तकारय" इति ।

Tisatacary refers to the commentator of *Caraka samhita* as Hariscandra, Jaijjata and Sundhia in the introductory benediction of his book *Cikitsakalika* :—

व्याघ्रातरि हरिश्चन्द्रे जेज्जटवर्य्ये सति सुधीरे च ।
अन्यस्यायुर्वेदे व्याख्या धाष्ट्य समावहति ॥ इति च ।

In the foot-note 1, P. 615 of *History of Indian Medicine*, Vol. III. a reference to the commentary of the *Caraka samhita* by Hariscandra has been noted :—

A commentary written by Hariscandra is referred to in the Sanskrit Slokas narrating the genealogy of Mahesvara, the author of *Visvaprakasa* and *Sahasanka carita*, who flourished during the reign of Sahasanka, king of Gazipur in 1033 *Saka* (1113, A. D. Wilson.).

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श्रीसाइसाङ्कनृपतेरनवद्यविद्य
वैद्योत्तरङ्गषदपद्धतिमेव बिभ्रत् ।
यश्चन्द्रचारुचरितो हरिचन्द्रनामा
सद्व्याख्यया चरकतन्त्रमलंचकार ॥

From the references quoted above, we know that Hariscandra was the author of a commentary on *Caraka samhita*
His works.—

1. *Caraka samhita-vyakhya.*—Commentary on *caraka samhita*
Mss—*R.* 13092
Oxf. 1877.

No. 13092. चरकसंहिताव्याख्या ।

CARAKASAMHITAVYAKHYA.

Pages, 151. Lines, 11 on a page.

Begins on fol. 1*a* of the Ms. described under No. 13071.
Contains the third Adhyaya of the Sutrasthana.
Similar to the above. By Hariscandra

Beginning :

स्वयम्भुवे प्राणभृदन्तरात्मने जगत्प्रदीपाय महर्षितेषिणे ।
विदस्वते दीप्तसहस्ररश्मये सुरोत्तमायामिततेजसे नमः ॥
अजाय प्रोक्तमवद ... ... ।
.....मान भिन्नकर्मा(व) हृतमप्यधिकं विरुद्धम् ।
अत्यर्थविस्तरसमासमहेतुकं वा ग्रन्थेन यस्य व..... ॥
.....विशेषयुक्तमोजं निर्हेतुकमुदाहरणोपपन्नम् ।
कार्यक्रमोपहितसङ्ग्रहसूत्रभाष्यं यो दृष्टवान् विविधशिष्यहिताय तन्त्रम् ॥
त्यक्त्वा प्रसङ्गविषयं सुपरीक्ष्य ... ... ।
.....परीक्ष्य खलु येन तदेव शास्त्रम्.....संज्ञां च गमं विशेषतोऽर्थः (?) ॥
लोकोपकार.....कविसत्तमाय भक्त्या प्रणम्य महते चरकाय तस्मै ।
वक्तुं... ..मार्ग इव प्रणष्टः नैतर्हि वस्तु कथयेदपि तद्विशिष्टम् ॥
वीक्ष्यिरान्न हि फलम ... ...
... ... पदार्थमात्रम् ।
श्रेष्ठासु एव खलु यैस्त्वयसर्थमार्गः
प्रदर्शितः प्रणितमन्येषु चाप्याभिधातुमहं प्रवृत्तः (?) ॥

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कार्यं कृते खलु बुधैः प्रथमं पय ... न्दनि कुष्ठ ... .द्य कथंनु पश्येत् ।
अर्थं तमेव तु पुराणमुनिप्रजगतोऽस्य विलस्य शस्त्र ... ... ॥
वाक्यप्रकरणाध्यायचतुष्कस्थानान्तन्त्रावयवानां तत्र समुदायानां च ।

अत्र पदसमुदायस्सूत्रम् । सूत्रसमुदायो वाक्यम् । (वाक्य) समुदायः प्रकरणम् । प्रकरणसमुदायोध्यायः ।

स्वाभिप्रायकृतायां व्याख्यायामेवावतरोऽस्तीति नस्तत्र तन्त्रकारणोपाय इति अत एव तद्पवदामहे ।

तन्त्रयुक्तिस्समाप्तः (प्ता) ॥

अतः परितन्त्रं यथा प्रकृतमेव तन्त्रामूर्ज्जावयिष्यामः । तत्र च अथातो दीर्घं जीवितीयमध्यायं व्याख्यास्याम इति तन्त्रादावुपदिष्यते । अत्र च सम्बन्धादयो धर्मास्समुपादेयाः । तत् कस्मादभिव्यक्ति ॥

सूत्रकारस्य न्याय्या सङ्ग्रहप्रवृत्तिरिति ।

Colophon :

इति आचार्यहरिश्चन्द्रकृतौ प(प्र)शिष्योपाध्यायकौयन्यासे भेषजचतुष्कं दीर्घजीवितीयः प्रथमोध्यायः ।

आह्वापामार्गतण्डुलीयस्य दीर्घजीवतीयादनन्तरमभिधाने कस्सम्बन्धः ।

End :

विस्तरोऽपि अकृशबुद्धिनिर्णेतुमर्थपिण्डप्रत्ययादतस्साधीयो द्विविध-व्याख्यायोजनमिति ॥

Colophon :

(आ)रग्वधीयो नाम त्रतीयोध्यायः ॥

2. खरनादसंहिता । Redaction of *Kharanada Samhita* :— Bhattarake Hariscandra is said to have redacted the *Kharanada Samhita*, a text book of medicine written by Kharanada in anicient time. Neither the original compendium of Kharanada, nor its redaction by Bhattaraka Hariscandra is before us. Both the books seem to have been lost for ever. No notice of them is to be found in any of the catalogues, so far as I have been able to collect. That there was a *Kharanada Samhita*, we know from the numerous quotations from it by different authors and commentators, and I have collected them in my *History of Indian Medicine*, Vol. III. PP. 763—70. There is no doubt that *Kharanada Samhita* was

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redacted by Hariscandra, for we find that Indukara in his *Sasilekha* or commentary on *Astanga Samgraha* writes.—

"या च खरनादसंहिता भट्टार हरिश्चन्द्रकृताश्रुयते, सा च चरक-प्रतिविम्बरूपैव लक्ष्यते।" इति।

तथा—

भट्टार हरिश्चन्द्रेण खरनादे प्रकीर्त्तिता।
पातव्याषट्पलामात्रा तस्य द्रव्यपलानि षट्॥

3. **गद्यबन्ध**। *Gadyabandha.*—Hariscandra is said to have written another book **गद्यबन्ध** by name. It is referred to in the introduction (**उपक्रमणिका**) of Harsacarita, by the celebrated author Vanabhatta thus

भट्टार हरिश्चन्द्रस्य गद्यबन्धो नृपायते॥

Date of Hariscandra Bhattaraka :—

In page 615 of my *History of Indian Medicine*, Vol. III., IIII A.D. has been put as the date of Hariscandra. This is evidently a mistake and has been written through inadvertence. The mistake has been noticed in the foot-note 1, where Mahesvara, a physician, sixth in descent from Hariscandra, is said to have lived in 1033 *Saka* or IIII A. I., according to Wilson. Mahesvara is the author of *Sahasankacarita* and *Visvaprakasa*. He has given the genealogy of himself in the *Visvaprakasa*, which is graphically represented in the genealogical tree shown before. As Mahesvara is sixth in descent, and if we count thirty years for each reign, we get the approximate dates of Hariscandra and his descendants as noted against each name in the genealogical table. Thus we get 931 A.D. as the age of Hariscandra.

But there is a difficulty. We know that Hariscandra is referred to by name in *Sri Harsa Carita* by Banabhatta, as the author of *Gadyavandha*,

भट्टार हरिश्चन्द्रस्य गद्यबन्धो नृपायते।

King Harsavardhana Deb of Thanesvara and Kanauja ruled as a parament power from 606 to 648 A. B and Bana is said to have flourished at the beginning of Seventh century A. D. Either of the findings must be incorrect unless we express doubt as to the identity of the authors of *Caraka Samhita Vyakhya* and *Gadyavandha*. The chronological arrangement must be regarded as faulty. The theories about the dates of Hariscandra and Mahesvara must not be accepted as settled facts in history. The

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question is still an open one. Provisionally we have accepted the date of Hariscandra as noted above.

Hariscandra and Drdhavala :--

Vaidya Haridatta Sastri thinks Hariscandra to be anterior to Drdhavala, the redactor of *Carakasamhita*. In fact, he considers Hariscandra to have flourished during the early centuries of the Christian era. His arguments are :—

1. In the *Carakasamhita* as edited by Drdhavala, we find the *Tantrayukti* at the end of the compendium. This is undoubtedly the common practice and is found in the *Susruta Samhita*, *Astanga Samgraha* and *Astangahrdaya Samhita*. But in the commentary of *Carakasamhita*, Hariscandra has dealt with *Tantrayukti* at the beginning of his book and added his annotations (*Vyakyana*) after it. This shows that Hariscandra has followed a different plan, *i. e.*, a plan different from the usual method followed by other well-known authors.

Again the number of *Tantrayukti* is 36 according to Drdhavala ; in some editions the number varies as 34 or 35. In *Susruta samhita*, the number is 32, in *Astangasamgraha* 36. But in Hariscandra's commentary the number is 40 as mentioned by Indukara in his commentary *Sasilekha*, Ch. 50, *Uttarasthana*.

Again Hariscandra does not mention Drdhavala when writing about the *Tantrayukti*.

For these reasons he concludes that Drdhavala is posterior to Hariscandra.

But the arguments are not conclusive. It is possible that Hariscandra did not adopt the plan of other authors intentionally and he may be posterior to them. Perhaps he thought that if *Tantrayukti* is read before the explanatory portion, the students would appreciate it as the introductory chapter and would be able to follow the methods of study better than if the chapter is added at the end of the book. In fact this is the method adopted in modern times where the students generally find discussions about the general topics dealt with in the book and the methods the author had adopted in arriving at his conclusions at the beginning in an introduction. We have an example in the well-known commentary of Sayanacarya (*Sayana Bhasya*) where we find the *Anukramani*, the Introductory chapter which is meant to be read and understood well before beginning the study of the Vedas at the commencement of his commentary.

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Again nothing is proved by the number of *Tantrayukti*. *Susruta Samhita* counts 32, Drdhavala in *Carakasamhita* counts 34 or 35 or 36, as found in different editions. The *Astanga Samgraha* and *Astanga Hrdaya Samhita* have the number 36 ; but Indukara, the commentator of *Astanga Samgraha*, refers to Hariscandra who is said to have counted 40.

The greater number undoubtedly supports the posteriority, rather than the anteriority, of Hariscandra to Drdhavala.

In this way Hoernle tried to prove the posteriority of Drdhavala to Madavakara. In counting the number of eye diseases he found the number 76 in *Susruta Samhita*, 78 in *Caraka Samhita* (Drdhavala). Madhava has described 2 new diseases. Therefore he thought that 78 of *Caraka Samhita* must have been arrived at by adding the two of Madhava to 76 of Susruta. Therefore Drdhavala was posterior to Madhava.

Yuktipad-Key to the meaning.

Tantrayukti—Methods of interpretation of a scientific treatise.

References :—

1. Harsacarita by Bana Bhatta.

2. Ayurveda Sammelana Patrika—vol. III. No. 4. Pp. 20-27. Haridatta-Sastri—Sri Bhattaraka Haricandra.

3. Sasanka Carita by Dr. Ramdas Sen in Bengali in *Aitihasik Rahasya*, Part 2, P. 1.

Quotations from Hariscandra.—

Hariscandra is quoted in Hemadri's Tika on *Astanga Hrdaya Samhita*, Mahesvara's *Visvaprakasa*, *Todarananda*, *Carakatattva pradipika*, *Bhavaprakasa*, *Pancika* and by Arunadatta, Candrata and others.

1. *In Tattvacandrika.*

1. हरिश्चन्द्रेणापि "नात्र स्वरसादीनां निषेधः" इत्युक्तम्। P. 1.

2. अत्र प्रथमा अष्टाहादपैति, अत्र हरिश्चन्द्रेण हेतुवापुक्तं "समानां धातुनां धात्वग्निना समाहेनामपाकात् अष्टाहेनैव नैरामाम्" इति॥ P. 10.

2. *In Vyakhyamadhukosa.*

1. भट्टार हरिश्चन्द्रेणापि तत्त्वयुक्ता। निदानादिविवरणप्रस्तावे एषैव निरुक्तिरुक्ता, निशब्दो निश्चये तथाच वररुचेरुपसर्गसूत्रं। P. 3.

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2. यथा तृणशब्दस्तृणविशेषे तृणजातौ च वर्त्तते यत्त भट्टार हरिश्चन्द्रेण निदानस्थाने "या गोः सुदोहा भवति न तां निदद्यात्" इति व्याख्प्रयोगमुपन्यस्य निबन्धार्थेनिदानशब्दो व्याख्यातः। P. 3.

3. यदाह उपक्रमनोयाध्याये हरिश्चन्द्रः "सन्निकृष्टविप्रकृष्टव्याभिचारिप्राधानिकभेदाच्चतूर्द्धा" इति।

4. तत्रोत्पादको यथा हेमन्तजो मधुरोरसः कफस्य व्यञ्जको यथा तस्यैव कफचयस्य व्यञ्जको वसन्ते सूर्य्यसन्ताप इति भट्टार हरिश्चन्द्रः। P. 4.

5. जातिरागतिरिति जन्मापि ज्ञानकारणमिति अजातस्य ज्ञानाभावात् इत्याह भट्टार हरिश्चन्द्रः। P. 11.

6. अत्र केचित् हरिश्चन्द्रादिभिर्व्याख्यातः—पाठान्तरं पठन्ति क्षयरोगस्य हेतुत्वे शोषश्चापुपजायते। P. 14.

7. यदि हि ततो ज्वरो नोत्पद्यते अधुनापापचारान्नोत्पद्यत इति भट्टार हरिश्चन्द्रः। P. 16.

8. हरिश्चन्द्रेणापि कर्म्मसाधारणं ज्वरात् तृतीयक चतुर्थकाविति चरकवचनात् विषमज्वरोक्तचिकित्सा तृतीयकचतुर्थकयोरेव। * * अस्यां हरिश्चन्द्रव्याख्यायां कर्म्मसाधारणं सर्व्वत्रैव विषमज्वरे कार्य्यं विशेषेण तृतीयक चतुर्थकयोरिव द्रष्टव्यं॥ P. 29.

9. हरिश्चन्द्रेणाह हेऽहनो निरन्तरं धरयित्वा उपरम्यैकमहः पुनर्ज्वरवतीति। P. 31.

10. भट्टार हरिश्चन्द्रेणापि सप्तमदिने कषायपाचनं सहयाख्यातं;—तस्यायमेवाभिप्राया गवेषणीयः। P. 39.

11. हरिश्चन्द्रस्त्वाह असत्यप्यष्टाहे क्षुधादिभिर्निरायत्वं दोषप्रह्रद्या वा क्षुधाद्यभावेऽप्यष्टाहेनैव शिष्यहितैषितया कालं लक्षणञ्च निर्द्दिष्टवानिति। Ibid.

12. हरिश्चन्द्रव्याख्यानन्तु विस्तरान्न लिखितं। P. 125.

13. न चोक्तं जेज्जड़गयदासाभ्यां हरिश्चन्द्रमतमेवानुमतमिति। P. 176.

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3. *In Vyakhyakusumavali.*

1. अतएव चरके षड्विरेचनशताश्रितेतीशेऽध्याये दाहप्रशमकदशके-भट्टारकहरिश्चन्द्रेणाप्युक्तम्—गुड़ुच्या दाहनिवापकत्वं चिन्त्यमस्माद्विशिष्टा मेधाविनो व्याकरिष्यन्तीति। P. 106.

2. केचिदिह सैन्धवादीनां मानभेदार्थं नातिप्रसिद्धं हरिश्चन्द्रमत-मुपदर्शयन्ति। तद्यथा—
हरितकी हरिद्रे हरतुल्याषड्गुणा चतुर्गुणां चतुरद्विविलासपिप्पली (?)॥
द्विचित्रकं वरदवरैकसैन्धवं रसायनं कुरु नृप वह्निदीपन॥ P. 109.

3. तत्र श्रीहरिश्चन्द्राचार्येण सुवर्णं समलाः पञ्चेति चरकश्लोक व्याख्यानं कुर्वता स्वर्णादिमला एव शिलाजतुन्यभिहितानि॥ P. 299.

4. अत्रार्धमिति हरिश्चन्द्रेण वैरेचविकनेत्रमालापेक्षया व्याख्याय षट्त्रिंशदङ्गुलं प्रायोगिकनेत्रमानं व्युपोदितम्। P. 587.

5. भट्टारक हरिश्चन्द्र प्रभृतिभिस्तु निरतानियतभेदेन द्विविधं ह्यारिष्टमभिहितं। P. 603.

6. भट्टारकहरिश्चन्द्र आह—अजातमरिष्टं न मरणख्यापकमित्यतो लब्धमपि जातस्येति पदं यत्कृतं तद्बोधयति कालमृत्यौ परं रिष्टं नाकालमृत्यौ त्वरिष्टं भवतीति। P. 605.

7. भट्टारक हरिश्चन्द्रस्त्वाह विशेषात्तु पक्त्यर्थं शीतग्रहणं क्रियते। यद्यन्यस्मिन्नप्यृतौ शीतेऽग्निर्युक्तमन्नपानं न लभते समीरणस्तस्मिन्नपि प्रकोपमेति। P. 628.

8. भट्टारकहरिश्चन्द्रस्त्ववादीत्। तत्कालं खल्वोषधीनामुत्पद्य-मानानां मधुरलवणकटूनामनुरसः कालस्वभावादम्ल उपजायते। तथा विपाकस्य मधुरस्याभिनिवर्त्तमानस्यानुरसोऽम्लोऽभिनिवर्त्तयति। P. 639.

9. अत्र भट्टारकहरिश्चन्द्रेणोच्यते—मरुभूमिरारोग्यदेशज्ञनिमिति। जाङ्गलस्यापारोग्यं कार्य्यम्। अनूपेऽहितदेशज्ञानमिति। तस्याप्यनारोग्यं कार्य्यं। साधारणस्य तु न किंचित्कार्य्यमतोऽनुमिनुयामो नोक्तोऽपि साचाद्विद्यत् इति। P. 643

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चरकसंहिता ।

इन्द्रियस्थानम् ।

BY

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प्रथमोऽध्यायः ।

वर्णस्वरीयम् ।

CHAPTER I.

1. Now we shall discuss the chapter of Varnaswareeya or that dealing with colour and voice.
2. So said the seer Atreya.
3. A Physician who desires to ascertain the longevity of a patient should do so by examining the patient himself, by inference, and from instructions and advices of the Guru (Teacher), and particular attention should be paid to the colour, voice, smell, taste, touch, eyes, ears, nose, tongue, skin, palpation, mind, religious susceptibilities, cleanliness, deportment, behaviour, memory, physical form, strength, weakness, insipidity, initiativeness, gravity or otherwise,

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अथातो वर्णस्वरौयमिन्द्रियं व्याख्यास्यामः इतिहस्माह भगवानात्रेयः । १ ।

इह खलु वर्णश्च, स्वरश्च, गन्धश्च, स्पर्शश्च, चक्षुश्च, श्रोत्रश्च, घ्राणञ्च, रसनञ्च, स्पर्शनञ्च, सत्त्वञ्च भक्तिश्च शौचञ्च शीलञ्चाचारश्च स्मृतिश्चाकृतिश्च बलञ्च ग्लानिश्च तन्द्राचारम्भश्च गौरवञ्च लाघवञ्च गुणाश्चाहार परिणामश्चोपायश्चापायश्च व्याधिश्च व्याधिपूर्व्वरूपञ्च वेदनाश्चोपद्रवाश्च छाया च प्रतिच्छाया च स्वप्नदर्शनञ्च दुताधिकारश्च पथि चौत्पातिकाश्चातुरकुले भावावस्था च भेषजविकारयुक्तिश्चेति परोक्ष्याणि प्रत्यक्षानुमानोपदेशैरायुषः प्रमाणविशेषं जिज्ञासमानेन भिषजा ॥ २

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sensitiveness (to cold, heat etc.), food (appetite and effect of of the food taken) and digestion, result of treatment and aggressiveness of the disease, disease itself and its premonitory stages, pains and complications, shadow and reflection of the patient, nature of his dreams, demeanour and say of messenger, omens, condition of the family and its surroundings, incidents connected with the procurability and administration of the medicine as also the action of the medicine itself.

4. Among these items for examination, some are intimately connected with the patient and some are not.

5. Those, that are not intimately associated with the patient, are to be ascertained from the instructions and advices of the teacher and by using the discretionary power of the physician himself. Those, associated with the condition of the patient, are to be ascertained from his Prakriti and Vikriti.

6. Prakriti again depends upon the caste and creed, the family, the country, the time and occupation, the age and the individuality of the patient. The special symptomatology of each individual varies according to his or her caste and creed, ancestry, country, time, age and individuality or personality.

तत्र तु खल्वेषां परीक्ष्याणां कानिचित् पुरुषमनाश्रितानि कानिचित् पुरुष संश्रयाणि। तत्र यानि पुरुषमनाश्रितानि तान्युपदेशतश्च युक्तितश्च परीक्षेत। पुरुष संश्रयाणि पुनः प्रकृतितश्च विकृतितश्च ॥ ३

तत्र प्रकृतिर्जातिप्रसक्ता कुलप्रसक्ता च देशानुपातिनी च कालानुपातिनी च वयोऽनुपातिनी च प्रत्यात्मनियता च जातिकुलदेशकालवयःप्रत्यात्मनियता हि तेषां तेषां पुरुषाणां ते ते भावविशेषा भवन्ति ॥ ४

विकृतिः पुनर्लक्षणनिमित्ता च लक्ष्यनिमित्ता च निमित्तानुरूपा च। तत्र लक्षणनिमित्ता नाम सा यस्याः शरीरे लक्षणान्येव हेतुभूतानि भवन्ति दैवात्। लक्षणानि हि कानिचित्ते शरीरोपनिबद्धानि भवन्ति। यानि हि तस्मिंस्तस्मिन्काले तत्राधिष्ठानमास्थाय तां तां विकृतिमुत्पादयन्ति ॥ ५ ॥

लक्ष्यनिमित्ता तु सा। यस्याः उपलभ्यते निमित्तं। यथोक्तं निदानेषु ॥ ६ ॥

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7. Vikriti is based upon the Lakshana or the physiognomical and other superficial and incidental signs manifested on the body of a patient, upon the Lakshana or the symptoms and signs of the disease, and upon the Nimitha or the relevant omens.

Lakshanas are manifested on the body of an individual by providence. Some lakshanas are generally visible on the body and some others appear and cause peculiar symptoms from time to time.

Lakshanas are those signs and symptoms that are discernible according to the Nidana or a combined effect of pathology, symptomatology etc.

Omens are incidental significances foreboding the coming events. Omens that are external e.g. messengers, words, appearance etc., are considered by learned physicians as so many resembling the veritable signs of death. The wise interpret those signs as the end of life. The Lakshanas and the moribund stage of a patient will be dealt with in detail in due course.

8. Let me take up first of all the question of colour, such as Krishna (dark), Krishnashyana (faint dark), Shyamaavadata (white with bluish tint), and Avadata (fair), that are generally found to be the colours of human body. Colours other than those mentioned above, if any referred to by the wise, should be studied from close contact of the body itself.

9. The assumed colours generally are blue, blueblack, copper-brown, yellow, and white, and colours different from these, if any, are to be looked into at close hand. Change of colour that is directly the result of administration of medicine etc., is to be distinguished from the otherwise assumed ones, in as

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निमित्तानुरूपा तु निमित्तार्थानुकारिणी या तामनिमित्तां निमित्तमायुषः प्रमाणज्ञानस्येच्छन्ति भिषजो भूयश्चायुषः क्षयनिमित्तां प्रेतलिङ्गानुरूपाम्। यामायुषोऽन्तर्गतस्य ज्ञानार्थमुपदिशन्ति धीराः॥ ७॥

यामधिकृत्य पुरुषस्त्र्यायुषं मुमूर्षतां लक्षणानि उपदेक्ष्यामः इत्युद्देशः। तं विस्तरेणानुव्याख्यास्यामः॥ ८॥

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much as the former is liable to revert to its normal hue in due course.

10. Then again, it is to be understood that the appearance of the normal colour on half of the body-lengthwise, sidewise, front and back or inside the mouth, nose, eyes, ears etc., and the assumed colour on the other half with unusual prominence is a prognostication of death.

11. So also a change of colour of the face or the body may lead to death.

12. It is said by the authorities that a change of colour my be due to mental depression or jubilation, or physical dryness or glossiness.

13. A physician should know that the sudden appearance of piplu (scar), *vyanga* (coloured spot), *tilaka* (mole), and *alaka* (peculiar coloured spot) on the face of a patient indicates bad prognosis.

14. The assuming of any of the unnatural colours (as described above) by the nails, eyes, face, urine, fæces, hands, feet, lips etc., in the case of an emaciated patient or a patient whose sensory organs have become weak, is a sign of coming death.

तत्रादित एव वर्णाधिकारः तद्यथा कृष्णः कृष्णश्यामः श्यामावदातोऽवदातश्च इति प्रकृतिवर्णाः शरीरस्य भवन्ति ॥ ८ ॥

यांश्चापरानुपेक्षमाणो विद्यादनुक्तोऽन्यथा वापि निर्दिश्यमानांस्तत्त्वैः ॥ १० ॥

नीलश्यामताम्रहरितशुक्लाश्च वर्णाः शरीरस्य वैकारिका भवन्ति यांश्चापरानुपेक्षमाणोविद्यात् प्रागविकृतानभूत्वात्पन्नानिति प्रकृतिविकृतिवर्णा भवन्त्युक्ताः ॥ ११ ॥

तत्र प्रकृतिवर्णोऽङ्गशरीरे विकृतवर्णोऽङ्गशरीरेद्वावपि वर्णौ यथ्यादाविभक्तौ दृष्टौ यदेव सव्यदक्षिणविभागेन यदेव पूर्व्वपश्चिमविभागेन यद्युत्तराधर विभागेन यद्यन्तर्विभागेनातुरस्यारिष्टमिति विद्यात् ॥ १२ ॥

एवमेव वर्णभेदो मुखेऽप्यन्य वर्त्तमानो मरणाय भवति ॥ १३ ॥

वर्णभेदेन ग्लानिहर्षरौक्ष्यस्नेहा व्याख्याताः ॥ १४ ॥

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15. Then again, the sudden discolouration caused in other ways than by the administration of medicine etc., on the body of a weak patient, is also an indication of approaching death. So much about colour.

16. Then about the voice: Human voice generally resembles the sounds of Hamsa (swan), crouncha (crane), nemi (ruddy goose), dundubi (drum), kalavinga (sparrow), kaka (crow), kapota (pigeon) or the sound of a rattling nature. Sounds differing from these should be studied at close quarters according to the advice of the erudite in the science of sounds.

17, A voice that is not natural to a patient generally resembles the bleating of a goat, or hears very faintly, or may be choked, or may not be clear, or may appear to be sobbing, harsh, moanful, or stammering. Voice of a nature different from these should be studied from close contact of the patient according to the direction of those who are learned in the science of sounds. This much regarding the natural and unnatural voice.

18. Then again, sudden change of the voice from natural to unnatural and vice versa, as also expression of one sound in various ways and the continuance of the same sound unduly

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तथा पिप्लवव्यङ्गतिलकालकपिड़कानामाननजन्मातुरस्यैवमेवाप्रशस्तं विद्यात् ॥ १५ ॥

नखनयनवदनमूत्रपुरीषहस्तपादौष्ठादिष्वपि च वैकारिकोक्तानां वर्णानामन्यतमस्य प्रादुर्भावोहीनबलवर्णेन्द्रियेषु लक्षणमायुषः क्षयस्य ॥ यच्चान्यदपि किञ्चिद्वर्णवैकृतमभूतपूर्व्वं सहसोत्पद्येतानिमित्तमेव ह्रीयमानातुरस्य प्रशस्तम् । तदरिष्टम् ॥ इति वर्णाधिकारः ॥ १६ ॥

स्वराधिकारः

स्वराधिकारस्तु हंसक्रौञ्चनैमिदुन्दुभिकलविङ्ककाककपोतजर्जरानुकाराः प्रकृतिस्वराः भवन्ति । यांश्चापरानुपेक्षमाणोऽपि विद्यादनूकातोऽन्यथा वापि निर्हिंश्यमानांस्तत्त्वैः ॥ १७ ॥

एड़ककलग्रस्ताव्यक्तगद्गदक्षामदीनानुकीर्णास्त्वातुराणां स्वरा वैकारिकाः भवन्ति । यांश्चापरानुपेक्षमाणोऽपि विद्यात् प्राग्विकृतानभूत्वोत्पन्नानिति प्रकृतिविकृतिस्वरा व्याख्याताः ॥ १८ ॥

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long are undesirable symptoms. So much about voice. Thus I have at length dilated upon the science of colour and voice with special reference to the sings and symptoms of approaching death.

19. An individual, whose body in halves or in full, changes its colour from its natural to an unuatural one, although they are no bad omens, is sure to die.

20. It is said that the appearance of blue or black, copper-brown or yellow-red colour on one half of the face and any other colour on the other half, presages death.

21. One half of the face showing an oily surface while the other half is dry, or one half beaming with jubilation whereas the other half betrays signs of mental depression, predicts death.

22. On the face of a patient who is about to breathe his last appear moles, scars, marks and lines in varying forms.

23. Discolouration of nails or teeth, and incidental accumulation of dirt or dust on teeth, are the signs of coming end.

24. In the case of an emaciated patient or in one who is extremely weak, the discolouration of lips, feet, hands, eyes, urine, fæces, or nails predicts death.

तत्र प्रकृतिवैकारिकाणां स्वराणामाश्रयभिनिर्वृत्तिः स्वरानेकत्वमेकस्य चानेकत्वमप्रशस्तमिति स्वराधिकारः। इति वर्णस्वराधिकारो यथावद्बुद्धौ सुमूर्षताज्ञानार्थमिति ॥ १८ ॥

तत्र श्लोकाः।

यस्य वैकारिको वर्णः शरीर उपजायते।
अर्द्धे वा यदि वा कृत्स्ने निमित्तं न च नास्ति सः ॥ २० ॥

नीलं वा यदि वा श्यावं ताम्रं वा यदि वारुणम्।
मूखार्द्धमन्यधा वर्णो मूखार्द्धेऽरिष्टमुच्यते ॥ २१ ॥

स्नेहो मूखार्द्धे सुव्यक्तो रौक्ष्यमर्द्धमूखेभृशम्।
ग्लानिरर्द्धे तथा हर्षो मूखार्द्धे प्रेतलक्षणम् ॥ २२ ॥

तिलकाः पिप्लवो व्यङ्गा राजयश्च पृथग्विधाः।
आतुरस्याशु जायन्ते मुखे प्राणान् मुमुक्षतः ॥ २३ ॥

पुष्पाणि नखदन्ते वा पङ्को वा दन्तसंश्रितः।
चर्णको वापि दन्तेषु लक्षणं मरणस्य तत् ॥ २४ ॥

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25. The wise will conjecture that the death of a patient whose lips have become as black as a ripe blackberry is certain.

26. The sudden appearance of an unnatural voice in one sound or in varying sounds is sure to lead a patient to death.

27. And other changes of colour or voice, if any, also foreshadow the dawn of death of a patient who is emaciated and weak.

28. This much about colour and voice for the apprehension of approaching death. A physician, who has a thorough knowledge of these, never fails to comprehend the coming death.

ओष्ठयोः पादयोः पाण्योरक्ष्णोर्मूत्रपुरीषयोः ।
नखेष्वपि च वैवर्ण्यमेतत् क्षीणबलेऽन्तकृत् ॥ २५ ॥

यस्य नीलावुभावोष्ठौ पक्वजाम्बवसन्निभौ ।
मुमूर्षुरिति तं विद्यान्नरो घोरां गतायुषम् ॥ २६ ॥

एको वा यदि वानेको यस्य वैकारिकः स्वरः ।
सहसोत्प्रद्यते जन्तोर्ह्रीयमाणस्य नास्ति सः ॥ २७ ॥

यच्चान्यदपि किञ्चित् स्यात् वैकृतं स्वरवर्ण्ययोः ।
बलमांसविहीनस्य तत् सर्व्वं मरणोदयम् ॥ २८ ॥

इति वर्णस्वरावुक्तौ लक्षणार्थं मुमूर्षताम् ।
यस्तौ सम्यग्विजानाति नायुर्ज्ञाने स मुह्यति ॥ २९ ॥

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GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

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(*Continued from our last issue.*)

A NOTE ON GYNAECOLOGICAL AND OBSTETRIC SURGERY

A physician well-versed in the Principles of Surgery (*Shalya-Tantra*) and experienced in the Practice of Medicine (*Kaya-Chikitsa*) is alone capable of curing disorders of the body ; is like a two-wheeled conveyance used on the battle-field (Su.).

The Lying-in Room and the *Nursery* have been described (Ch.).

ANÆSTHETICS :—

After extraction of a dead fœtus before the full-term of pregnancy, wine should be prescribed ; for, it will improve the condition of the enciente's uterus, make her happy, and allevite the pain of the operation (Ch.). Wine should be used before operation to produce insensibility to pain ; it is desirable that the patient should be fed before operation ; those who are addicted to drink and those who cannot bear pain should be made to drink some strong wine ; the patient when fed, does not faint, and he who is intoxicated does not feel the pain of the operation (Su.).

Preparation of the Patient :—In case of instrumental parturition, *no food* should be given before the operation ; in other operations (opening the breast abscess) give light food, and make her sit with her face turned towards the east ; fasten the limbs carefully. Permission of the authorities should be taken for any operation (Su.).

Operation Table :—A bed on a cot is advised for delivery purposes (Su.). Sitting on a stool is recommended for removal of Retained Placenta (Harita).

OPERATIONS :—

Sushruta mentions 24 different kinds of operations with the *Blunt Instruments* ; nine only are applicable in Gynæcology and

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Obstetrics :—(1) Bandaging (*Bandhana*) the abdomen ; (2) Raising up and incising (*Vyuhana*) a blood tumour (*Rakta-Gulma*) ; (3) Turning round or version (*Vivartana*) of a fœtus ; (4) Exposing or opening out the part (*Vivarana*) by Cæsarean Section ; (5) Pressing out (*Pidana*) the placenta ; (6) Clearing the canals (*Marga vishodhana*) of the vagina, rectum and urethra ; (7) Extraction by gulling (*Vikarshana*) the leg of a fœtus ; (8) Suction (*Achushana*) of milk by horn and mouth ; (9) Washing (*Prakshalana*) the vagina (Su.).

Sushruta mentions 8 different operations with the *Sharp Cutting Instruments* (*Shastras*) ; four only are useful in this section :—(1) Excision (*Chhedana*) of tumours ; (2) Incision (*Bhedana*) as in Cæsarean Section of a tumour ; (3) Scraping of the skin-flap (*Lekhana*) as of skull bones of the fœtus ; (4) Extraction (*Aharana*) of the fœtus as in Cæsarean Section ; (5) Evacuating measures (*Vishravana*) for pus in mammary abscess (Su.).

The Operations performed in Gynæcology and Obstetrics are (1) correcting a retroverted or retroflexed uterus, (2) reducing prolapse of the vagina or the uterus, (3) incision of a blood tumour, or a tumour of extrauterine pregnancy ; (4) incision for an abscess of the breast ; (5) Cephalic and Podalic Version of the fœtus ; (6) Manual removal of the Fœtus and of the Placenta ; (7) Craniotomy ; (8) Embryotomy ; and (9) Cæsarean Section.

OBSTETRIC INSTRUMENTS :—

The armamentarium of a surgeon consists of a good number of Blunt and Sharp Instruments (*Yantras* and *Shastras*) ; the Blunt ones are 101 in number, and the sharp ones are 20 (Su.). Harita mentions 12 blunt and 12 sharp instruments. By surgicali nstruments are meant not only instruments proper, but also any mechanical aids by which the object of the surgical treatment is attained ; thus even medicinal agents, emotions, etc., are considered under this section. The instruments should have a well-made handle affording a firm grasp ; they should be made of good quality iron, should have a fine edge, a nice shape, and a well-finished point ; it should not be dentated (Su.).

A surgeon should first equip himself with such accessories as (A) Blunt and (B) Sharp Instruments ; Alkali, Fire-Cautery, Probe, Horns, Leeches, Gourd, Pencil-shaped Cotton, Piece of Cloth, Thread, Leaves, Bark of trees, honey, ghee, fat ; milk, oils, decoctions ; Medicated Pastes and Plasters ; Fan, Cold and Hot Water, Iron-

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pans and Earthen Vessels, Beddings and Operation Seats ; Obedient and strong servants (Su.). There should be female attendants who have had several children, who are intelligent, hardworking, kind, cheerful, and capable of inspiring confidence in the patient (Ch.).

(A) Sushruta divides *Blunt Instruments* into six classes, of which (1) the Tubular (*Nadi-Yantra*), (II) Rod-like (*Shalaka-Yantra*), and (III) Accessory Instruments (*Upa Yantra, Anu-Yantra*) are alone useful in Gynæcology and Obstetrics.

(I) The *Tubular Instruments* are :—(1) Vaginal Speculum for treating vaginal ulcers (*Yoni-vranekshana-Yantra*) ; 2) Vaginal and uterine enemas (*Uttara-Basti*) ; (3) Tubular Instruments for fumigations (*Dhupa-Nadi*) ; (4) Horn Instrument for suction (*Achushana-Shringa*).

(II) The *Rod-like Instruments* are :—(5) Fœtus Traction Hook (*Garbha-Shanku*) ; (6) Midwifery Forceps (*Yugma-Shanku*).

(III) The *Accessory Instruments* are :—(7) The Thread (*Rajju*); (8) Bandage (*Patta*) ; (9) The Medicated Dressings (*Kshauma-Patta, Kavalika*) ; (10) Cloth (*Vastra*) ; (11) Stones (*Ashthilasma*) ; (12) The Hand and the Sole of the Foot (*Panipadatala*) ; (13) Finger (*Anguli*) ; (14) Mouth (*Mukha*) ; (15) The Hair (*Bala*) ; (16) Emotions of Joy, Fear, etc. (*Vikara*) ; (17) Straining (*Kunthana*) ; (18) Medicines (*Bheshaja*) ; (19) Fan (*Vyajani*) ; (20) Pestle and mortar (*Ulukhala*) are included among the Hospital requisities. Vagabhata also adds Time, Suppuration and Fear (*Kala, Paka, Bhaya*).

(B) The *Sharp Instruments* required are (21) The Round-headed Knife (*Mandalagra*) ; (22) The Finger Knife (*Mudrika* or *Anguli Shastra*) ; (23) Needles (*Suchi*) ; (24) Half-Moon shaped Knife of Harita (*Ardhachandra*) ; (25) Gold and Silver Knife (*Raukma-Rajatayasa*).

Detailed Description of the Instruments.—

(1) *Vaginal Speculum* (*Yonivranekshana-Yantra*) is 16 fingers long and 6 fingers in circumference ; it has four blades attached at their bases to a ring ; the tube tapers gradually ; the end is free and looks like a lotus-bud ; to the four blades are soldered four rods, which when pressed upon, gape widely (Va.).

(2) *Vaginal and Uterine Enema* used in disorders of menstruation (*Uttar Basti*) consists of a smooth and rounded tube, shaped like a cow's tail, and a leather bag ; in using this *Basti* in a female,

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she should lie down supine, keeping her knees flexed and well-raised ; for a girl, the quantity of injection is one *Prasrita.*

(3) *Fumigation Tube* (*Dhupa-Nadi*) is a tube 8 fingers long ; the fumes of medicated substances from the inside of a closed pot (*Sarav-Samputa*) containing fire, pass out through the tube and are allowed to play on the affected part ; fumigation is applied to the vagina in abnormal delivery (*Mudha-Garbha*), in retained placenta, to remove after-pains, to relieve difficulty in micturation and defæcation.

(4) *Suction Cup* (*Ghati-Yantra*) is a brass pot in which a fire is lit, and the pot is applied over the surfae of the body covered by a piece of cloth ; it soon becomes firmly fixed and raises up the abdominal tumours (*Gulma*) for purposes of correct diagnosis and to effect its cure. *Suction Horn* (*Achushana Sringa*) is used to draw milk from the breasts by the suction force of the mouth.

(5) *Fœtus Traction Hook* (*Garbha-Shanku*) is used to extract the fœtus by fixing it in the chest or axilla after perforating the head by the *Mandalagra* instrument and separating the bones ; the bones may be extracted by the *Shanku* also ; the end of this instrument is bent like the elephant driver's goad (*Ankusha*) ; it is 10 fingers in length and 8 fingers wide.

(6) *Midwifery Forceps* (*Yugma-Shanku*) is thus named and described by some writers on Ayurvedic Surgery for extracting the child alive ; it resembles somewhat the modern forceps ; it consists of two hooks joined together and is said to be used for extracting a living fœtus.

(7) *The Thread* (*Rajju*) is used to tie the umbilical cord.

(8) *The Bandage* (*Patta*) & (10) *The Cloth* (*Vastra*) are used to bind the abdomen of the recently delivered woman to prevent derangement of *Vayu* by its expansion in her abdomen ; it is made from cloth (*Vastra*).

(9) *Medicated Dressings* (*Kshauma-Patta*) are used as sponges or swabs in discharges from the vagina ; *Kavalika*, *i.e.* leaves, and barks of trees with medicinal properties are used as 'Tow' to dress wounds and ulcers.

(11) *Stones* (*Asthilashma*) are used to strike against each other to resuscitate a still-born child (Ch.)

(12) *The Hand of the Surgeon* is considered by Sushruta to be the principal instrument, as the use of all other instruments

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depends on it; manual version of the fœtus or the removal of the retained placenta are described. *The Sole of the Foot* (*Pada-tala*) is used to press on the puerpera's buttocks to help in the removal of the placenta.

(13) *Finger* (*Anguli*), after pairing of the nails, is used to clean the palate, lips, throat of the new-born child.

(14) *Mouth* (*Mukha*) is used for suction of breast-milk through a horn.

(15) *A Braid of Hair* (*Kesha*) is used to tickle the fauces and produce emesis in a newly delivered woman to help the expulsion of a retained placenta.

(16) *The Emotion of Joy* (*Ananda*) is used to encourage the enciente in her straining efforts during labour by saying that the child is "a son" (Ch.). *The Emotion of Fear* (*Bhaya*) is used to check the symptoms of delirium, insanity, and to control a wayward child.

(17) *Straining* (*Kunthana*) is used to help the labour pains at the proper time.

(18) *Medicines* (*Bheshaja*) are used to do the work of surgical instruments to a certain extent; *e.g.*, Poultices, Caustics, etc.

(19) *The Fan* (*Shurpa*) is used to resuscitate a still-born child.

(20) *Pestle and Mortar* (*Ulukhala*) are kept in the lying-in room for the enciente to do some work as an aid to labour pains, and as a cure for prolonged pregnancy.

(21) *The Round-headed Knife* (*Mandalagra*) is a cutting instrument, 6 fingers long; there are two varieties, one with a circular edge, and the other shaped like a razor (Dallana). Vagbhata describes the blade to be like the index-finger when its nail points towards the palm of the hand; it is used to pierce, incise, and scrape the skull of a dead fœtus in the uterus to help its extraction by a hook; it does less damage to the internal parts than a *Vriddhipatra*.

A Sharp, Cutting Instrument (*Vriddhipatra*), not to be used in Obstetric surgery, has a very sharp point and edge; it is 7 fingers long, and the handle is five fingers long; it is razor-like and is used in incisions and excisions; it is so called from its resemblance to the leaf of *Spheranthus indicus*.

(22) *The Finger-Knife* (*Mudrika or Anguli Shastra*) is a cutting instrument of the size of the last phalnx of the index finger;

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its mouth looks as if coming out of a ring and the blade is half a finger wide ; the base of the instrument has a string tied to it ; it is used to perforate the skull of a dead fœtus ; Vagbhata says it resembles the *Mandalagra* and *Vriddhipatra.*

(23) *Two Sharp Needles of Gold and Silver* (*Suchi*) are required in the lying-in room for piercing the lobules of the infant's ear.

(24) *The Half-Moon-Shaped Knife of Harita* (*Ardha Chandra*) is used for excising the prolapsed arms of a dead fœtus in order to effect its delivery.

(25) *Two Knives of Gold and Silver* are required for cutting the Umbilical Cord,

PEDIATRICS.

INTRODUCTION :—

Pediatrics (*Kaumara-Bhritya*) *deals with* (1) the nursing and healthy up-bringing of infants and children ; (2) purification and improvement of breast-milk found deficient in quality and quantity ; and (8) treatment of diseases (*a*) due to the use of vitiated breast-milk, (*b*) of diseases peculiar to infant-life, and (*c*) of diseases due to influences of malignant stars (Su.)

Of the three stages of life, childhood extends up to 16th year of life ; children may also be classified as they are fed (1) exclusively on milk, (2) on milk and boiled rice, (3) on boiled rice alone ; up to the first year of life the child lives exclusively on milk ; up to the 2nd year it should be fed on milk and rice ; thereafter it should receive rice mainly (Su.).

THE CARE OF THE NEW-BORN CHILD :—

Care of the New-Born should commence while the placenta is being delivered. (1) Rub the two pieces of stone (purposely brought into the room) near its ears (to rouse the baby to activity) ; (2) wash its face with cold or hot water according as the season is warm or cold ; the respirations of the bady, enfeebled by the pains of labour, thus become vigorous ; (3) fan the baby with a winnow of reeds ; (4) do anything else that may be necessary to revive the baby (Ch,).

Soon after birth apply a mixture of 'Saindhava' salt and ghee to remove the stickiness of the body and the cord of the infant ; since it is exhausted, apply 'Sida carpinifolia Compound' oil to its body (Va.),

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When the baby has revived it should be thoroughly cleaned, bathed, and have its private parts washed (Ch.). The shreds and membranes lying on its body should be removed immediately after its birth (Su.). The midwife should twist a piece of clean cotton round her middle finger, the nail of which is properly paired, and wipe out gently its palate, lips, throat, and tongue ; cover the crown of the head of the baby with a pad of cotton soaked in oil ; then give it to drink ghee and salt as an emetic (Ch.), to bring out any amniotic fluid it may have swallowed (Va.).

The Umbilical Cord.—Measure eight fingers of the cord from the navel and make a mark ; tie a string on either side of the mark and cut the cord with a sharp-edged knife of gold, silver or steel ; tie another string to the cord on the baby, and attach it loosely round its neck (Ch.). Put a lint soaked in 'Saussurea Lappa Compound' oil on the navel (Va.). Then spray the baby with cold water ; perform the post-natal rites and give it to lick an electuary of honey, ghee, juice of *Hydrocotyle asiatica* leaves, *Hemidesmus indicus* root, and a little gold dust (Su.).

The Cord falls off on the fifth day (V. Va.).

Then anoint the body with *Sida carpinifolia* oil and bathe it (1) with decoction of the barks of trees with a milky sap, *e.g.*, *Ficus bengalensis* ; or (2) of drugs of 'Ophioxylon serpentium' or 'Elettaria Cardamomum' group ; or (3) of leaves of *Feronia elephantum* ; or (4) with water in which red hot gold or silver bar is dipped ; take decoction or water according to the season, preponderance of the deranged Humour, and physical condition of the baby (Su.).

Press the palate of the baby upward with the thumb, and put a swab of oil on the fontanelle ; give a linctus of the paste (1) of *Citrullus Colocynthis* root, *Hydrocotyle asiatica*, *Acorus Calamus*, *Evolvulus erecta*, ghee and honey ; or (2) of *Acorus Calamus*, *Hydrocotyle asiatica*, *Terminalia Chebula*, gold, iron pyrites, ghee, and honey ; or (3) of *Phyllanthus Emblica*, glod, honey and ghee (Va.).

Infant Feeding.—It is after delivery that the milk-channels near the heart of the mother are freed ; the mother starts getting proper milk only on the third or fourth day ; the milk immediately on delivery is tasteless, and causes derangement of Humours (Va.).

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On the first day, therefore, give the baby linctus of *Hemidesmus indicus* root, honey and ghee. On the second and third day give thrice a day, ghee cooked with *Ophioxylon serpentinum* (Va.), or *Ipomœa digitata* root (Su.). On the third or fourth day, press out the first milk of the mother ; give twice a day a small quantity of butter before suckling, and then let it suck (Va.).

On the fourth day, feed the baby twice with its handful of honey and butter ; in the evening squeeze off a quantity of the breast milk, and then give the baby the breast. The milk should be squeezed out every time the baby is tended (Su.).

After the initial religious ceremonies, the child should be given honey and ghee ; then the mother's right breast first and the left next after, should be given to it from the first day (Ch.).

Care during the fist Ten Days :—Wrap the baby in silk, and lay it on a bed covered with silk ; (1) fan it with branches of *Melia Azadirachta, Salvadora persica, Xyllocarpus granatum* or *Zidyphus Jujuba* ; (2) a cloth soaked in oil should be constantly kept on the head of the child ; drugs such as *Agaricus campestris, Gloriosa superba, Nardostachys Jatamansi*, 'Brahmacharini', 'Laxmi', *Desmodium gangeticum, Cynodon Dactylon*, and white mustard should be placed on the head ; (3) fumigate the body with the fumes of potent drugs like *Acorus Calamus, Melia Azadirachta*, mustard, ghee, and salt for ten consecutive days (morning and evening), to ward off evil influences of demons, spirits, etc., (4) tie the same drugs round its head, neck, hands, or legs ; (5) strew the floor of the room with the powder gingelly seeds, mustard, and linseed seeds ; (6) keep a fire burning in the chamber ; (7) nurse the baby as an 'Ulcer-Patient' (Su.).

On the tenth day, the rites of benediction should be performed and a name should be given (Su.).

(*To be continued.*)

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Reports of Cases.

A CASE-REPORT.

A Hindu male aged 17 was admitted in the V. A. M. Hospital with the following complaints :—

1. General Anasarca, 2. Fever, 3. Pinching pain all over the body, 4. Loss of appetite, 5. Constipation and scanty urination.

PERSONAL HISTORY—The patient said that he had been suffering from orchytis for last 3 years and suddenly some time back (say one year) a few black sopts were found over the chest and abdomen and also the original pigmentation of the lower lip began to change into whitish spot and it gradually became quite white, but the patient did not feel any uneasiness or pain over the affected areas. Then again after a while the patient remarked a very bad kind of Dandruff and baldness setting in.

He sought some help from the native doctors without any markable effect. He, therefore, went to the Tropical School of Medicine and underwent a course of treatment there. He said the nature of the treatment was some kinds of injection and some external application of oils. Anyhow after a month's treatment, Dandruff and baldness were considerably improved.

During this time, *suddenly he found to his utter regret* that his face was swollen and gradually the swelling spread all over the body, the urine became scanty (not more than 8 to 10 oz. per diem). He became constipated and feverish. As the condition of the patient grew worse he kept himself for a considerable time under some reputed Allopaths, but without any effect ; nay, the case became worse and so he took admission in the above hospital.

GENERAL SURVEY—General Anasarca, black spots over the chest and abdomen and white spot on the lower lip and fever.

ALIMENTARY SYSTEM—Tongue-coated, Anorexia and thirst, fluid in the abdomen, constipation, neither liver nor spleen were palpable.

CARDIO-VASCULAR SYSTEM—Diffused pulsation over the pericardial region, dyspnoea on exertion, bounding and slow pulse.

RESPIRATORY SYSTEM—Respiration was more or less normal but it was somewhat difficult and on percussion, duliness was felt over the lungs.

RENAL SYSTEM—The urine was too scanty (8 to 10 oz. per diem). According to Phathological report, Albumin, Hyaline casts, Granular casts and also pus cells were found in large quantity.

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NERVOUS SYSTEM—Nothing particular to be mentioned.

Diagnosis from the stand point of Ayurveda was that the disease was due to kidney troubles (Acute Nephritis).

The treatment adopted in the hospital was as follows :—

At 6 A. M. Ichcha Bhedi (इच्छाभेदी) one pill with water.

It was given every alternate day)

At 9 A. M.

Chandraprava (चन्द्रप्रभा) one pill

Bajrakshar (वज्रक्षार) 8 grs. with the juice of Punnarparva 1 oz. (Trianthema monogyna)

At 5 P. M.

Batchintamani (वातचिन्तामणि) one pill (described in Rasendrasar Samgraha with Punarnava juice, 1 oz. (Trianthema monogyna)

DIET.

One seer (32 oz.) of cow's milk to be taken 4 times. In the noon it was given with *man* (the powder of colocasia Indica) made into pulp, in the morning, evening and night it was given with sago.

The patient showed remarkable improvement from the 3rd day. The urine was much more increased, albumen casts began to disappear and the patient was more or less completely cured within ten days from the date of admission in the hospital, but he was kept in the hospital for observation for a week more and then he was quite hale and hearty and discharged.

N. B. I am very very grateful to our visiting physician A. Raman, Ayurvedacharya (A. I. A. V.), under whose tender care the patient was allright, for kindly allowing me to publish the report of this interesting case.

KRITTIBAS DATTA,
Student in charge.
Viswanath Ayurveda Mahavidyalaya Hospital.
Calcutta.

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Reports of Societies, etc.

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RESOLUTIONS PASSED AT THE MEETING OF THE MEDICAL AND DENTAL PROFESSIONS OF BOMBAY,

held on the 18th March 1934,

at Blavatsky Lodge, Chowpatty, Bombay,

under the Chairmanship of Dr. A. P. Bacha, M. B., F. R. C. S.

1. This meeting of the Medical and Dental Practitioners of Bombay puts on record its indignation at the unrestricted admission of Non-Indian doctors and dentists into Bombay and other parts of India from all those Non-Indian countries, which debar the Indian Nationals from the practice of medicine and dentistry, as an intolerable insult to the Indian Nation, and as derogatory to the dignity and inter-national status of the Medical and Dental professions of India and as subversive of the economic organisation of the professions.

Proposed by Dr. K. K. Dadachanji.
Seconded by Dr. J. M. Damany.

2. This meeting of the Medical Profession of Bombay while insisting on the principle of International Reciprocity in all matters relating to the rights of duly qualified medical men, regarding Registration and Practice, extends to the exiled German Jewish duly qualified doctors, who have recently come to Bombay for seeking asylum, their heartfelt sympathy in their misfortune as the result of political persecution, and as an earnest of their practical hospitality, they hereby solemnly declare that they would not be a party to any discriminatory action seeking to single them out with a view to debar them from the practice of medicine in this country.

Proposed by Dr. S. K. Vaidya.
Seconded by Dr. G. V. Deshmukh.

3. This meeting urges upon the Government of India and the Central Legislature the pressing need of passing an Act to control the practice of medicine and dentistry in India by Non-Indian doctors and dentists, and to restrict in future the practice of medicine and dentistry in India to the Nationals of India on the lines laid down in the Laws of all civilised countries. In particular, this meeting recommends that the Act should lay down restrictions on Non-Indian doctors and dentists, including those of the British Isles and Possessions other than British

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India, as regards Immigration, Naturalisation, State Exmaminations in Medicine and Dentistry, and Registration of all Non-Indian applicants for residence and practice in India.

Proposed by Dr. C. L. D'Avoine.
Seconded by Dr. P. T. Patel.

4. This meeting further recommends that the Central and Provincial Medical Acts be so amended as to safeguard the legitimate rights of the Medical and Dental professions in India, as laid down in the foregoing Resolutions.

Proposed by Major C. V. Thornton (Late R. A. M. C.).
Seconded by Dr. M. N. Talati.

5. This meeting appoints a Standing Committee, with power to co-opt, consisting of the following members :—

Drs. A. P. Bacha—Chairman, G. V. Deshmukh, V. R Khanolkar, A. S. Erulkar, S. K. Vaidya, J. J. Mody, C. L. D'Avoine, J. M. Damany, M. B. Thakore, K. K. Dadachanji—Secretary.

The Committee shall continue to function till such time as the objects mentioned above in the foregoing Resolutions are effectively implemented.

Proposed by Dr. M. B. Thakore.
Seconded by Dr. V. S. Gupte.

6. This meeting authorises the Chairman to forward copies of these Resolutions to the Central and Provincial Governments, Legislatures, Medical Councils, and leading Medical Associations and Foreign Consuls in India for information and necessary action.

Proposed by Dr. J. L. Desai.
Seconded by Dr. R. P. Ratnakar.

7. This meeting authorises the Chairman to forward copies of these Resolutions to to the press, both lay and medical.

Proposed by Dr. S. B. Gadgil.
Seconded by Dr. A B. Kothare.

THE MENACE OF DUMPING OF GERMAN AND OTHER FOREIGN DOCTORS IN BOMBAY.

By

Dr. K. K. Dadachanji.

The medical profession of Bombay is much agitated about the unrestricted admission of foreign doctors, and particularly German Jews, who have been expelled from their own country under the Nazi regime.

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India is fast becoming the dumping ground for German and other foreign doctors. The profession in Bombay is already much overcrowded, and there is growing an extensive unemployment among its members.

This unrestricted dumping of foreignners is a new menace, which has already increased the unemployment among the Bombay doctors.

Just as there is unrestricted dumping of foreign drugs from all parts of the world into India, so now this dumping of foreign doctors has started. The main reason for such dumping is the absence of all restrictive legislation in India against the dumping of foreign goods and of foreign practitioners, such as exists in all civilized countries.

India is thus at a great disadvantage in this menace of unwanted ingress of foreign practitioners and goods. It is very unfair that whilst Germany prohibits medical practice to Indian doctors qualified in India, on the other hand, any foreign medical practitioner has the privilege of settling in any part of India without any restriction whatever.

The so-called Indian Medical Council has now been formed but it has no power to prohibit the practice of medicine by foreigners in India. Thus, the Council is impotent so far as this great problem of medical practice in India is concerned. The only power it possesses under the Act is that of entering into schemes of reciprocity with foreign countries within four years *i, e.*, the mutual recognition of degrees and diplomas. However, the fundamental absurdity of this power can be realised from the fact that even in the absence of recognition of any foreign degree and diploma, any foreign doctor can come to India and practise in India without any restriction, whilst no Indian doctor, inspite of his Indian degree and diploma, can practise in any of the foreign countries.

It is interesting to read the following account of a meeting of the Bombay Rotary Club held on the 20th February last, as published in the papers. Rotarian Dr. J. N. Duggan, who occupied the Chair, asked Rotarian Dr. Adalbert Fuchs of the Vienna Club at the end of his lecture, "what the position was in Austria and Germany with regard to doctors holding foreign qualifications practising in those countries. An Indian doctor with degrees obtained in India could practise in England, and many had done so, establishing good practices. Could Indian doctors do so in Vienna or Berlin, etc.? He wanted to know because German and other doctors were practising in India and there ought to be reciprocity."

Dr. Fuchs replied that they could not so practise unless they had diplomas obtained in Austria, and were of Austrian nationality. The position in Berlin and Vienna was not exactly similar, and he explained it in detail.

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Our case is that we are sending hundreds of Indian medical students and graduates to study in foreign countries including Germany and Austria, and their parents are put to heavey expenses. When these students return to India they will find that foreign practitioners have already established themselves in India, and so there will be little or no scope for talents and special experience and the money spent on their education will have been wasted to no purpose. It is clear that India does not stand in need of any foreign medical practitioners. The medical profession is united in its demand for prohibiting this dumping of foreign practitioners into India. The remedy is self-evident. Central Legislation should be undertaken early to amend the Indian Medical Council Act 1933, so as to empower the Council to prohibit under heavey penalties, the practice of medicine by any foreign medical man, coming from a country, which prohibits to Indian doctors the practice of medicine in its own country. France, Germany, Austria, etc., and the United States of America prohibit the practice of medicine by foreigners in their own countries. There is no reason why India should be left helpless in this matter.

In India, there are already some 30,000 duly qualified practitioners, whose economic condition is precarious, and it will be made worse by this dumping of unwanted foreigners. The profession has the right, and not only the right, but also the duty of self-preservation towards itself, to demand the urgent passage of legislation for prohibiting the practice of medicine by foreigners in India. In fact, the general opinion among the members of our profession is that only Nationals of India should be allowed to practise in India. It must further be made perfectly clear under the proposed legislation that no foreigner can practise in India whether as a possessor of medical degree and diploma duly recognised for practice in his own country, or otherwise. To put it in plain language, no foreigner, whether he is a duly qualified medical man or whether he is a quack, can practise medicine in India, unless Indian Nationals are allowed to practise medicine in the foreign countries.

At the Tenth All-India Medical Conference held in Bombay in December last, the first Resolution laid down that "the time has arrived in the interests of the solidarity and the unity of the profession to hold the Annual Conferences of both the allied Associations, *viz.*, the Indian Medical Association and the All-India Medical Licentiates' Association during the same week at the same place every year, and to consider and take necessary joint measures for the benefit of the profession and of the public, and to present a united front in all problems affecting the medical profession in India."

As this menace of foreign dumping is an All-India menace, and foreign practitioners are as likely to settle in Calcutta and other cities as

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in Bombay, the medical professon in India must present a united front in face of this menace at the very start, and not sit with folded hands till the menace has grown to a vast extent and vested interests established, and then repent of its apathy later.

Medical men are under the wrong impression that the Provincial Medical Councils of Registration and the recently formed Indian Medical Council of Higher Medical Education are bodies empowered to safeguard the economic position of the profession. Such an impression is entirely groundless. It is not the function of any of these Medical Councils, whether Provincial or Central, to safeguard the enconmic interests of the profession in any sense of the term. They are absolutely impotent in the matter. Hence, I believe that looking at the past experience of the working of these Councils, they will not succeed in achieving the purpose we have in view, *viz.*, the restriction of practice of medicine to the Nationals of India, and the prohibition of such practice to non-Nationals.

I would, therefore, suggest that a new Bill should be drafted on the lines of the Indian Medical Degrees Act No. VII of 1916. The Bill may be called the 'Indian Medical Practice Bill,'—'a Bill to regulate the practice of medicine in India and to prohibit the practice of medicine in India by foreigners.' India should no longer form a happy dumping ground for the unemployed medical men of other countries.

It need not be pointed out that the legal profession is fully protected against unfair competition by legislation which restricts the practice of law to only duly qualified and enrolled members of the profefession, so that no person can practise in the courts with a Sanad. The Clerical profession is fully protected, for instance, no one can become a Christian, Hindu or Mahomedan priest except under the the specified conditions. As regards other professions also, they are to some extent protected. The only profession, therefore, left unprotected at the mercy of unrestricted competition is the medical, which is already over crowded.

However, the progressive Baroda State has recently passed the Baroda Medical Act, which restricts the practice of medicine to persons duly registered under the Act, and prohibits the practice of medicine by unregistered persons and quacks. Indirectly, this Act will prevent foreigners from practising in the State as they cannot be registered under the State Act.

The Indian Medical Association and All-India Medical Licentiates' Association should now join hands and appoint a Medico-Economic Committee for the purpose of safeguarding the economic interests of the profession, as laid down in the Resolutions passed at the recent Medical Conferences held in Bombay during last December. These two Associa-

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tions should also agitate for the passage of legislation to prohibit the practice of medicine by foreigners in India.

The profession must cultivate the sense of self-preservation—particularly in its economic aspect, and follow the example set by the well organised British-Medical Association and other National Medical Associations in civilised countries, which are working with success for the economic self-preservation of the profession in their own countries.

Reviews and Notices of Books.

—:o:—

Vyadhi Vignana, Part I.

By

Asananda Pancharatna M.B., B. S.

Ayurvedacharya, Vice-principal, Dayanand Ayurvedic College, Lahore,

Author of Suciveda Cikitsa nnd Bhojan (Hindi).

Published by Manager, Verat Pharmacy, Chamber Lane Road, Lahore.

The book is a treatise on Pathology, consisting of 19 chapters. The subjects treated in this handy manual are physical examination of heart, blood vessels and blood, pulse, examination of urine, bacteria, serum and vaccines, varieties of fever, tuberculosis, syphilis, leprosy, deficiency diseases and sunstroke. At the end there is a glossary of technical terms which would be found useful to students. There are many good illustrations to elucidate the test. We recommend the book to students and medical men who will desire benefit from its perusal.

Personal Hygiene and Care of the Skin.

Compiled by experience. Printed by Brijlal Behia, at the Lahore Printing works, Delhi. Published by J. C. Basak, 363 Upper Chitpur Road, Calcutta, 1931. Price Re. 1-8-0.

The book is a handy compilation of scientific knowledge of the structure and functions of the skin, and the consideration of all the

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factors which constitute personal Hygiene, *e.g.* clothing, water, baths, prevention of cutaneous diseases, climate, intoxicants, helio-therapy, sex Hygiene, first treatment of accidents, diet, methods of treatment, the mental factor and health. The book is written in simple language, free from technicalities, and will form a good book for students in our universities. It will also be found useful for men who are ignorant of the laws of health.

Light Breathing:—Compiled by Experience. Pulished by J. C. Basak, 363 Upper Chitpur Road, Calcutta, 1931. Price seven annas.

It is a short treatise on the science of breath. It deals with hygiene of breath, its control, breathing exercises, process of respiration and its hygienic rules. The language of the book is simple and easy and the book will be useful to our students who would study the various aspects of breathing. Our education department should give facilities to the studedts for the study of the laws of health and hygiene.

G. N. M.

ROG-O-PATHYA (DISEASE & DIET)

By

KAVIRAJ DHIRENDRA NATH RAY, M. Sc.,

Size Demy Octavo ; 156 pages. Price Re. 1/- only.

Publishers Dhanvantari Karyyalaya, 197, Bowbazar Street, Calcutta.

We have been presented with a copy of the above publication for review. The book is carefully written in elegant Bengali language and deals with the dietetic treatment of diseases that are commonly found in the tropical country. The glossary of Medical terms and their equivalent Bengali Synonyms and the incorporation of the chart in the book describing in a nut-shell the relative systemic effect of foods in health and diseases would prove useful to the readers. The get-up of the book is excellent for the price. We wish success to the author.

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Medical News & Notes

—:o:—

THE QUEEN OF THE SENSES

Continued from our last issue.)

Sydney Stephenson reports a remarkable case of a young boy who was morose and depressed and who suffered from headaches, nausea, and violent internal pains after food. The case was diagnosed by a London physician as appendicitis and operation was advised. But fortunately the oculist found out mixed astigmatism in both eyes and appropriate correction relieved all the symptoms.

Mental delusions and hallucinations are caused by eye strain and such cases have been reported by Risley (Ophthalmic Record, 1910). One patient was actually an inmate in an asylum for 2 years, classed as incurably insane. She had hypermatropic astigmatism and on provision of proper glasses she was cured and discharged.

I believe that eye-strain plays an important role in the causation of cataract. It is generally in the latter part of life, after a person has become presbyopic, that cataract develops.

If presbyopia is uncorrected by appropriate glasses, especially if astigmatism is present at the same time, undue strain is put on the ciliary muscle, which produces both mechanical and nutritional changes in the lens and thus paves the way, along with other unknown causes, for the occurrence of degenerative changes in the lens.

These are only a few salient affections caused by eye-strain. George Gould attributes almost every nervous affection to eye-strain. This learned ophthalmoglogist has studied the lives of many eminent men and some excerpts from his well known Biographic Clinics will provide interesting and fascinating reading.

He writes : "I am told that an abnormally large percentage of criminals and youths consigned to reformatories have high degrees of optical and other defects of the eyes. Out of 68 cases of epilepsy examined 98% had astigmatism and 50% had a symmetrical astigmatism. There is no considerable part or kind of our social life, the drink problem, the labour problem, all handicrafts, family tragedies, etc. in which the subtle influence of morbid vision is not at its office of evil.

De Quincey, Gould thinks, took to opium-eating purely because of eye strain. He suffered from gastric twitchings, loss of sleep, horrors, depression and increasing weakness. To relieve these miseries he had to resort to morphia. The truth is that De Quincey had Exophoria and he used one eye whilst reading, the other being invariably closed. He had

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myopic astigmatism. Gould concluded that at any time of his life a proper pair of spectacles would have relieved De Quincey of his sufferings, would have enabled him to quit opium-eating and would have allowed him to pursue a far more wonderful literary career.

Thomas Carlyle suffered from dyspepsia, nervousness, headache, sleeplessness, hypochondria etc. because he had astigmatism which was not diagnosed and therefore not corrected. Writing about an eminent Ediuburgh Physician, Carlyle says, "A long hairy-eared jackass had ordered me to give up tobacco and to take mercury and along with the mercury I must have swallowed whole hogheads of castor oil."

Charles Darwin suffered from vertigo, headache, apathy, dyspepsia, vomiting, insomnia and neurasthenia. He was in excellent health and high spirits when he did dot use his eyes at near range, but any reading made him so disgusted that he had not the heart to write to anybody, it made him quite desperate. The degree at Cambridge caused him to become miserable, both before and afterwards.

After finishing his Origin of Species, he writes, "my confounded book nearly killed me." Here again eye-strain was evidently the cause of all his troubles. Thomas Huxley suffered from mysterious dyspepsia, headache, hypochondria, liver affection, stomach trouble, nausea, flatulence and nothing except quitting of study could check these symptoms. He had compound hypermatropic astigmatism and he probably never consulted an ophthalmologist. Robert Browning suffered from headaches and he himself attributes them to his eyes. He writes "I will not try to write much to-night for my head gives warning." Again he writes, "I think my head is dizzy with reading the debates this morning." The cause is clear enough. Richard Wagner suffered from sick headaches, depression, insomnia, shattered nerves and irritability. He also described his own eye symptoms. He writes "even this letter knocks me down. I must'nt write, because I can't, my head is nigh bursting. Every letter knocks me up terribly, etc." Herbert Spencer suffered from insomnia. He did his literary work in the few morning hours and colud not carry it on in the afternoons, because if he did so, he could not sleep. He never wore glasses even at the age of 81. He was not a great reader and he often used to say that if he were to read as much as other people, he would know as little as they.

The Berlin oculist Liebreich was certain that the peculiar character of Turner's pictures was due to his astigmatism and that if they are seen with proper cylindrical lenses, these paintings would appear like those painted with normal eyes.

DR. R. P. RATNAKER,
(B. M. J.)

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THE JOURNAL OF AYURVEDA

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The Year Out.

With the current issue, the Journal of Ayurveda completes its 10th year of existence and this may be taken as a proof positive of its intrinsic merit as a mouth-piece of Indigenous Medical Science of India.

That Journal of Ayurveda is best of its kind, ever published in India, there cannot be any doubt. It has it votaries not only throughout the land of its publication, but it is liked and patronised in some English-knowing European and American countries. It also visits Japan and British East Africa and the management can very well boast of its success in making the Journal respectable and meritorious even in these hard days, economically as also politically.

The year under review has been a very momentous one for India in various respects. It has experienced the Behar Earth-quake, the worst we have ever known happening in India—with its consequent devastating effect throughout the Province and the adjoining districts. Contagious diseases, that are always the sequelae of such phenomena, did not make any the least delay in visiting the already distressed area, with the result that the afflicted districts had to contribute a heavy toll in the mortality figure of the province for the year. Although relief work was started immediately both by the public and the Government, yet the supply has always fallen short of the demand. To crown the sufferings of the

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unfortunate inhabitants, most of the agricultural lands of the stricken area were damaged and it will take a long time to reclaim these. There has also been a general famine due to the waste of crops and dearth of monsoon rain, necessary for new crops.

In Bengal also, distribution of rain has not been natural and as such, some districts in North Bengal are experiencing a bad flood while the lower Bengal is crying for water for agricultural purposes. Economically too, the condition of India is rather discouraging. Raw materials and all articles of food are now-a-days proverbially cheap throughout the country and the consequence has been that money has become very scarce with the producers and agriculturists and the land-holders, including native chiefs, are experiencing a very hard time of it. Even the Government are not always successful in realising the revenues inspite of their summery laws and wide power of confiscation. Sale notices of landed property by the Government are not always successful and are often very poorly responded to. Such being the case, the Government are devising, from time to time, new means of imposing fresh taxes and we are already under the burden of some of these. Postal rates have been increased unduly, in some cases 300%, while those of Customs, Excise and Railway have gone up unduly, to the utter distress of the already distressed people.

In discussing the present economic distress of the country and the Government's insistence on new taxation, we find that our Government are also responsible for the present slump to some extent, at least for their mad policy of making the administration too expensive, if not for anything else. The sudden trade revival and economic uprise throughout India just after the Great War prompted the Government to revise the scale of pay in all their departments, so that those employees, who

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were then at the lowest cadre, have by this time come to the highest (higher in almost all cases by 300% than the pre-revision scale). But the boom-time is no more, so that the Government are at a loss to find out some means to make the two ends meet. The temporary cut is there as also the newly revised income-tax law. But all these have not saved the Government and they have got to take loans from time to time. The first call for loan was very successful as the interest was rather a bit high ; the second was also successful, although the rate of interest was a bit lower due to a longer time limit, but the third call is not so much responsive, the loan being meant to pay off the previous ones and the rate of interest being rather very low.

To our mind, the policy which the Government have been following is rather precarious. In order to come out of the present impasse, it should be the duty of the powers that be to make drastic reductions in pay of their servants and bring same to the pre-revision scale and they will soon find that fresh taxations will have no longer utility. They will also be able to give relief to the people in times of distress and thus discharge their real duty towards those who have been supporting them for ages. Every religion also enjoins that ameliorating the distress of the subjects is one of the foremost duties of the king. It is also a case of want of foresight to jump upon such a permanent heavy expenditure for administration relying on a temporary boom. However, let us hope the truth will soon be appreciated by the Government and relief come to the people.

The year under review saw the Indian National Congress abandon Civil Disobedience and the Government withdraw ban on it. The cessation of hostility between the Government and the governed is no doubt a very good augury, but more remains to be done in order to effect a permanent peace between the contend-

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ing parties. There should be an open and heart to heart talk amongst the leaders of the two parties and a compromise effected on terms acceptable to both the parties. Let us hope that better sense will still prevail and we will be able to see peace established in India.

It is very much regrettable that the life of Mahatma Gandhi was attempted at, more than once, by the Sanatanists, because he is carrying on Harijan work with a view to remove untouchability amongst the lower class Hindus. Nothing can be meaner than such heinous attempts and we believe that Mahatmaji's work will have new impetus by such acts of voilence and the Sanatanists will find later on that the bombs and crakers now thrown at Mahatma will ultimately ruin their already unsupportable cause. We congratulate the Mahatma on his providential escapes and wish him success.

That the present-day world is one full of struggle no body would contradict. Bengal has lost last year some of her distinguished sons including Sir P. C. Mitter, Dr. P. Nandy and Dr. A. T. Roy as a result of Apoplexy—a disease that does not permit of any treatment. Ayurveda has lost two of her greatest supporters in the death of the two distinguished doctors named above and our heartfelt sympathy goes to the bereaved family.

During this year, Bengal had an Ayurvedic Conference that had its sitting in Calcutta, a comment on which appeared in the Editorial column of our April, 34 issue. Our view of the Conference has, however, been taken objection to by some delegates of the conference and one of them, Kaviraj M. K. Mukerjee of Calcutta, has actually sent a contradiction to our remarks published thereunder. His contradiction is published elsewhere in the current issue and although his article contains many important facts, yet we are glad to note that he supports

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us in some of the main points at issue. However, we are quite sorry if our remarks in this connection have wounded the feelings of any body and hope to be excused by the conference people. We leave the matter entirely to the decision of our readers and we hope they will not fail to arrive at a right decision.

We beg now to take leave of our readers with a fervent hope that they will bear with us for yet another year and render us their usual help in the conduction of the Journal. In the same breath let us beg pardon of our readers for our short-comings, which are but natural, in the discharge of our duties and we hope and trust that we will be able, by the grace of the Almighty and their good will, to pull on for yet another year.

H. N. C.

Bhattaraka Hariscandra

Continued from page 414.

4. *In Nivandhasamgraha.*

1. द्रव्यगुणकर्म्माणि भावा इति चरकव्याख्यातारो भट्टारक-हरिश्चन्द्र प्रभृतयः प्रतिपादयन्ति। P. 225.

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Original Articles

BRAHMADEVA

(1080 A. D.)

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

BHISAGACARYA.

Calcutta.

Brahmadeva is mentioned as a *tippanakara* or glossator by Dallanacarya in the *Preface* to his *Nibandhasamgraha* of which it is one of the sources.

श्रीजैज्जटं टीकाकारं श्रीगयदासभास्करौ पञ्जिकाकारौ श्रीमाधवब्रह्मदेवादीन टीप्पनकारांश्चोपजीव्यायुर्वेदशास्त्रसुश्रुतव्याख्यानाय निबन्धसंग्रहः क्रियते।

Nibandhasamgraha, P. 1.

Chronology :—

Brahmadeva is posterior to Jaijjatacarya, for it is said that in certain raadings of the *Susrutasamhita* he is followed by Brahmadeva.

श्रीजैज्जटाचार्य्येन एष पाठो विमृशैव पठितः। तन्मतानुसारिना श्रीब्रह्मदेवेनापि।

Nibandhasamgraha, P. 1535.

He is also posterior to Gayadasa for Dallana states with regard to certain readings that Gayadasa declares it to be spurious (अनार्ष) and thrrein he is followed by Brahmadeva

गयदासाचार्य्येणायं पाठः अनार्ष एव कृतः तन्मतानुसारिणा ब्रह्मदेवेन क्वचिद्व्याख्यातः।

Ibid, P. 190.

Brahmadeva and Sri Brahma.—Hoernle writes "I may add that Brahmadeva whose name appears among the sources of Dallana's Commentary, may perhaps be identified with Sribrahma, whom

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Mahesvara, the author of *Visvaprakasa*, a general vocabulary, and of the *Sahasankacarita*, a biography of King Sahasanka. names, as his father" (See Zacharre, *On the Indian Kosas* in the *Encyclopaedia of Indo-Aryan Research*). Mahesvara wrote that biography in 1111 A. D. His father, Sribrahma accordingly must be referred to about 1080 A.D. This date suits Brahmadeva very well; for Dallana and Srikanthadatta, both in the thirteenth century are the two earliest writers (known to me) who quote him".

J. R. A. S., 1906. P. 699.

Quotations from Brahmadeva in Vyahhya-Kusumavali.—

1. श्रीब्रह्मदेवस्तु व्याख्यानयति :—

संग्राहि स्तम्भनाङ्गिन्नं यथा तदमिदग्धहृ ।
आग्नेयगुणभूयिष्ठं तोयं संपरिशोषयेत् ॥
संग्रह्णाति मलं तत्स्याद्ग्राहि शुण्ठादयो यथा ।
समीरगुणभूयिष्ठं शीतत्वाद्यन्नभस्वतः ॥
विधाय वृद्धिं स्तभ्नाति स्तम्भनं तद्यथा वटः ॥ P. 73.

2. नवत्वात् पुराणाच्च संख्याविभागयोजनै :
परिमाणाकृतिभ्यां च विशिष्टा शक्तिरिष्यते ॥ P. 309.

See also pages 272, 309. 501. 516, 522. 566, 573, 574, 583, 598, *etc.*

Quotations from Brahmadeaa in Dallana's Nibandha-samgraha :—

1.
2. } See P. 1.
3.

4. श्रीब्रह्मदेवस्त्वित्यादौ नार्षं चिन्ताकुर्ब्बन्नमूं ग्रन्थं पठति व्याख्यानयति च । P. 204.

5. See Gayadasa 28.

6. श्रीब्रह्मदेवस्तु चतुर्दलमाह । तल्लक्षणं कथ्यते
चाङ्गेरीसदृशैः पत्रैः सुनिषण्णश्चतुर्दलः ।
शाकजलान्वितं देशे चतुःपत्रीति कथ्यते ॥ P. 501.

7. श्रीब्रह्मदेवस्तु वर्म्मी महाशकलो रोहितमेदोऽत्र न पुनः सर्पाकारमत्स्य इत्याह । P. 512.

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8. See Jaijjata No. 26.

श्रीब्रह्मदेवेन तु किञ्चित् व्याख्यातम्। P. 611

9. श्रीब्रह्मदेवस्तु गर्द्दभिका इरिवेल्लिका गन्धपिड़िका तिलकालकानां संग्रहणेषु चत्वारिंशदिति पठन्ति। P. 637

10. ब्रह्मदेवस्तु घृताक्तमिति पदं परित्यज्य पिचुं दद्यादित्यत्र वलातैलाक्तमिति पठति। P. 795

11. निर्लेखनं निःशेषलेखनम् इति श्रीसुधीरजेज्जटब्रह्मदेवाश्चतुरो-विषयानाहुः। P. 824

12. श्रीब्रह्मदेवस्तु समुद्रमण्डूकी मुक्ताशुक्तिमाह। P. 834

13. ब्रह्मदेवस्तु यष्ट्युपक्रमनिर्द्दिष्ट इति पठति। P. 839

14. ब्रह्मदेवस्तु एन्यामिदमैणेयम्। P. 1179

15. ब्रह्मदेवस्तु विदेहादिषु अनन्तवातस्य पृथक् पाठात् पृथगेकत्र पठनीय इताह तेन चैकादश शिरोरोगा इति। P. 1435

16. ब्रह्मदेवस्तु सन्निपातप्रकोपस्य हेतुमत्र पृथगाह।

यथा विषमाध्यशनमत्यशनं लकुचमामफलं शिलोच्चय सलिलं पिण्याकमाममूलकं सर्षपशाकं यवैः कृतं च सुराशुक्तशुष्कामिषशाकं पावकनाशनं सुरादधिकन्दं पिड़कोच्छ्रितिर्द्दाहमृद्विष गवादिभक्षण-मनार्त्तवं दुर्द्दिने पुरोवातः अन्नपरिवर्त्तभूता वेशपीड़ाग्रहर्ज्जसम्भूता अनुचितभेषजगन्धाघ्राणं पापस्य कर्म्मणोऽभ्यासे स्नेहस्वेदादीनां मिथ्यायोगः पूरा कृतं कर्म्म स्त्रीणां विषमप्रसवो मिथ्यायोगप्रसूतानां स्नेह-स्वेदादीनां रसायनस्याप्रि पाकोपक्रमः एते हेतवः उक्ताः प्रकोपणे सन्निपातस्येति। P. 1474

17. ब्रह्मदेवाचार्य्यस्तु पञ्चकोलादीनां कषायत्रयेण पृथक स्नेह-चतुर्गुणेन तथा चतुर्थेन दध्ना स्नेहचतुर्गुणेन च घृतं तिल्वकावापं पठित्वा प्रमादव्याख्यानं करोति। P. 1507

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18. तित्तिरि पादतुण्डवर्ज्जितं कृत्वा न्यग्रोधादिकल्केन कोष्ठं पूरयित्वा काश्मरीपद्मपुटकं निक्षिप्य कुशैरावेष्ट्य मृत्तिकया लिप्त्वा खदिराङ्गारेषु पचेत् स्वरसप्रमाणे मधुशर्करात्रयेपप्रमाणं पूर्ब्बवत् इति श्रीब्रह्मदेवस्तु व्याख्यापयति। P. 1533

19. See P. 1535. Brahmadeva No. 2.

20. पीनोन्नतस्तनभरा नतमध्यदेशाः पीनोन्नतस्तनभरेण आनतः ईषन्नतः मध्यदेशो यासां तास्तथा इति श्रीब्रह्मदेवः। P. 1632

21. ब्रह्मदेवस्तु अर्थाद् यत्र यस्मिन स्थाने स्थितमामं अजीर्णं विरूजेद् विश्लिष्टं रूजं कुर्य्यात् तमेव देशं लक्षयेद् वैद्यः।

P. 1716

———

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MAHESVARA.

(1111 A. D. or Saka 1033).

BY

DR. G. N. MUKERJEE, B.A., M.D., F.A.S B.

BHISAGACARYA.

"Mahesvara claims to belong to an hereditary family of doctors. He names, as one of his earliest ancestors, Haricandra (or Hariscandra), who lived at the court of Sahasanka, and wrote a commentary on the *Carakasamhita*, much quoted (also by Dallana). His father therefore must have been a medical man. He himself claims to be proficient both as a Kavi and as a Kaviraia, that is as a man of letters as well as af medicine. His claim to be a Kavi is proved by his authorship of the two works mentioned above (*Visvaprakasa* and *Sahasankacarita*). His claim to be a Kaviraia, also, appears to have some support. For Heramba Sena, the author of the *Gudhabodhaka samgraha* a treatise on pathology (*I. O. Cat.*, P. 937), claims to have based his work (among others) on that of a certain Mahesvara. The latter appears to be quoted also in a work on therapeutics, the *Prayogaratnakara* by Kavikanthahara (*ibid*, P. 942). If these two Mahesvaras may be identified with the son of Sribrahma, he would seem to have been the author of a treatise on pathology and therapeutics", *J. R. A. S.*, 1906. P. 699. Mahesvara is also quoted by Madhava in his *Mugdhabodha* (*I. O.*, 2680). His works :—

1. *Visvaprakasa*,—A general vocabulary.
2. *Sabdabhedaprakasa*,—A sequel to the above.
3. *Sahasankacarita*,—Life of king Sahasanka
4. A text book on Pathology.
5. A text book on Therapeutics.

Mss.—

Cal. Cat. 446

Weber. Catl. ii. 260.

Ref.—*Malati-Madhava*, Pref. xii.

Mable Duff in her *Chronology of India* notes that Mahesvara was the son of Brāhma and the grand-son of Krsna (Kesava).

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Brāhma should be written as Brahma, and Krsna and Kesava are not identical persons. Kesava was a cousin of Krsna.

Nava-Sahasankacarita.—

The *Sahasankacarita* must not, however, be confounded with the *Nava-Sahasankacarita,* an epic poem celebrating the doings of Nava-Sahasanka, otherwise Sindhuraia, a king of Malava, and composed by a poet named Padmagupta, who lived about 1000 A. D. (MacDonnell), or at the end of the eleventh century (Buhler, *Ind. Antiquary*, vol. 36, p. 139). Sriharsa (1150 A. D.), author of *Naisadhiya* and the *Khandana-khandakhadya* flourished under Jayacandra whose initial date falls between 1163 and 1177 A. D. Sriharsa is said to have written another *Nava-Sahasankacarita* which is not now extant. According to the *Pravandhacintamani* of Raiasekhara, Sriharsadeva was a courtier of Javantacandra in 1163 *A. D.* Harihara was a descendant of Sriharsa. In the *Hariharpravandha,* Harihara is said to have presented the first part of *Naisadhacarita* to Vastupala, the minister of Viradhavala, Rana of Dholka in Guzrat in 1235 A. D There is a reference to the *Nava-Sahasaukacarita* of Sriharsa in his *Naisadhiya.*—

द्वाविंशो नवसाहसाङ्कचरिते चम्पूकृतोयं महाकाव्ये तस्य कृतौ नलीयचरिते सर्गो निसर्गोज्ज्वलः ॥

Narayana, the commentator notes,—

नवो यः साहसाङ्कनामा राजा तस्य चरिते विषये चम्पूं पद्यमयीं कथां करोतीति कृत् तस्य विनिर्म्मितवतः सोपि ग्रन्थस्तेन कृत इति सूच्यते ।

He, who has composed the *Campukavya* narrating the life of the New Sahasanka, has finished the twenty-second chapter of the Epic describing the life of Nala.

The qualifying word *Nava* or New is used here to distinguish it from the already available *Sahasankacarita* of Mahesvara. So if the date of the *Nava-Saaasankacarita* by Padmagupta be about 1000 A. D., Mahesvara must have lived and composed his works about a century or two earlier. Consequently the date of Hariscandra must be set back a century or two earlier. If Hariscandra lived earlier than Banabhatta (Sixth century A. D.), the interval of time between him and Mahesvara who has himself fixed his date to be 1111 *A. D.*, must be at least four or five hundred years, and such a long interval of time cannot be covered by the lives of six generations of Vaidyas. It is possible that Mahesvara simply mentioned only the

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principal vaidyas omitting the names of unimportat ones in his geneology.

Besides being a king, Sahasanka is known to us as the author of a dictionary. There were many ancient, *kosasaras* in India :— Bhogindra, Katvayana, Sahasanka, Vacaspati, Vyadi, Visvarupa, Amara, Subhanka, Vopalita, Bhaguri and others. Sahasanka's dictionary is not available to us now ; but the commentators have quoted him as *iti Sahasankadevah* इति साहसाङ्कदेवः। Possibly he was a Brahman or a Khatriya. Nothing else is known about Sahasanka as a *kosakara* or author of a dictionary.

Mahesvara's *Visvaprakasa* is quoted by Raya Mukuta (1430 A. D.), Medinikara, Mallinatha Suri and Hemacarya.

Geneology of Mahesvara as traced in his Visvakosaprakasa.

श्रीसाहसङ्कनृपतेरनवद्यविद्य
वैद्योत्तरङ्ग पदपद्धतिमेव विभ्रत्।
यश्चन्द्रचारुचरितो हरिचन्द्रनामा
सद्व्याख्यया चरकतन्त्रमलंचकार ॥

आसीदसीमवसुधाधिपवन्द्यनीये
तस्यान्वये सकलवैद्यकुलावतंसः।
शक्रस्य दस्र इव गाधिपूराधिपस्य
श्रीकृष्ण इत्यमलकीर्त्ति-लता-वितानः ॥

संकल्प संभिलदनल्पविकल्पजल्प
कल्यानला-कुलितवादिसहस्रसिन्धुः।
तर्कत्रयत्रिनयनस्तनयस्तदीयो
दामोदरः समभवद्भिषजां वरेण्यः ॥

तस्माभवत् सूनुरुदारवाचो
वाचस्पतिः श्रीललनाविलासी।
सद्वैद्यविद्यानलिनीदिनेशः
कृष्णस्ततः सत्कुमुदाकरेन्दुः ॥

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यङ्गाटजः सकलवैद्यकतन्त्ररत्न
रत्नाकरश्रियमवाप्य च केशवोऽभूत् ।
कीर्त्तिर्निकेतनमनिन्द्यपदप्रमाण
वाक्यप्रपञ्चरचनाचतुराननश्रीः ॥

कृष्णस्य तस्य च सुतः-स्मितपूण्डरीक
दण्डातपत्रपरभागयशः पताकः ।
श्रीब्रह्मइत्यविकलात्मसुखारविन्द
सोल्लासभासित रसाद्र सरस्वतीकः ॥

तस्यात्मजः सरसकैरवकान्तकीर्त्तिः
श्रीमन्महेश्वर इति प्रथित कवीन्द्रः ।
अशेष वाङ्मयमहार्णव पारदृश्वा
शब्दागमान्दुरुहषण्डरविर्बभूव ॥

यः माहसाङ्कचरितादि महाप्रबन्ध
निर्म्माणनैपुण्य गुणगौरव श्री ।
यो वैद्यकत्रयसरोजसरोजबन्धुः
बन्धुः सुतां च कवि कैरवकाननेन्दुः ॥

सेयं कृतिस्तस्य महेश्वरस्य
वैदग्धराशिन्धोः पुरुषोत्तमानां ।
देदीप्यताम् हृत्कमलेषु नित्य
माकल्पमाकल्पित कौस्तुभश्रीः ॥

लब्धैः कथञ्चिदभिजातसुवर्णकार
लौल्येन कोषशतवारिधि शब्दरत्नैः ।
विश्वप्रकाश इति काञ्चन बन्धुशोभां
विभ्रन्मयात्र घटितो सुखखन्त एषः ॥

फणीश्वरोदीरितशब्दकोष
रत्नाकरालोड़नलालितानां ।
सेव्यः कथं नैष सुवर्ण शैलो
विश्वप्रकाश विबुधाधिपानां ॥

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भोगीन्द्र कात्यायन साहसाङ्क
वाचस्पति व्याड़िपुरःसराणाम् ।
सविश्वरूपामरमङ्गलानां
शुभाङ्कवोपालित भागुरीणां ॥

कोषावकाश प्रकट प्रभाव
संभावितानर्घगुणः स एषः ।
संपादयत्रेष्यति वाञ्छितार्थान्
कथं न चिन्तामणितां कवीनां ॥

आमित्र शैलचरमाचल मेखलाद्रि
कैलासभूमिवलयादयदिहास्ति किञ्चित् ।
एकत्र संभूतमगोचरशब्दरत्न
मालोक्यतां तदखिलं सुधिरः कवीन्द्राः ॥

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चरकसंहिता।

इन्द्रियस्थानम्।

BY

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द्वितीयोऽध्यायः।

पुष्पितम्।

CHAPTER II.

1. Now we shall describe about *Pushpithakam Indriyam* or the sensory organs, the signs and symptoms of which indicate death.
2. So says the Seer Atreya.
3. Just as the flower shows the coming fruit, the *aristas* (signs and symptoms) show the approaching end of an individual.

१। अथातः पुष्पितमिन्द्रियं व्याख्यास्यामः

२। इतिहस्माह भगवानात्रेयः।

३। पुष्पं यथा पूर्वरूपं फलस्येवऽ भविष्यतः।
तथा लिङ्गमरिष्टाख्यं पूर्वरूपं मरिष्यतः॥

४। अप्येवन्तु भवेत् पुष्पं फलेनाननुबन्धि यत्।
फलञ्चापि भवेत् किञ्चित्यस्य पुष्पं न पूर्वजम्।

५। नत्वरिष्टस्य जातस्य नाशोऽस्ति मरणादृते।
मरणञ्चापि तन्नास्ति यन्नारिष्टपुरःसरम्॥

६। मिथ्यादृष्टमरिष्टाभमनरिष्टमजानता।
अरिष्टंवाप्यसम्बुद्धमेतत् प्रज्ञापराधजम्॥

७। ज्ञानसम्बोधनार्थन्तु लिङ्गैर्मरणपूर्वजैः।
पुष्पितानुपदेक्ष्यामो नरान् बहुविधैर्बहून्॥

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4. Even then, sometimes flowers do not bear fruits; and sometimes fruits are borne even without flowers ever blooming.

5. Signs and symptoms of death once fully developed are sure not to subside without bringing in the end. And death never comes to take place without *arista* or warning through signs and symptoms.

6. The ignorant consider such *aristas* or signs and symptoms not pertaining to death as *aristas* or signs and symptoms of death on the strength of the former having a false similarity to the latter and so also vice versa, and this misconception is attributable to their bankrupcy of brain.

7. We have now to explain to you for your knowledge various cases of different signs and symptoms of coming death as exhibited through the medium of an individual who has well nigh run the course of his life.

८। नाना पुष्पोपमो गन्धो यस्य भाति दिवानिशम्।
पुष्पितस्य वनस्येव नानाद्रुमलतावतः॥

९। तमाहुः पुष्पितं धीरा नरं मरणलक्षणैः।
सना संवत्सरादेहं जहातीति विनिश्चयः॥

१०। एवमेकैकशः पुष्पैर्यस्य गन्धो समोभवेत्।
इष्टैर्वा यदि वानिष्टैः स च पुष्पित उच्यते॥

११। समासेनाशुभान् गन्धानेकत्वेनाथवा पुमान्।
आजिघ्रेद्यस्य गात्रेषु तं विद्यात् पुष्पितं भिषक्।

१२। आप्लुतानाप्लुता काये यस्य गन्धाः शुभाशुभाः।
व्यत्यासेनानिमित्ताः स्युः स च पुष्पित उच्यते॥

१३। तद्यथा चन्दनं कुष्ठं तगरागुरूणो मधु।
माल्यं मूत्रपुरीषे च मृतानि कुणपानि च॥

१४। ये चान्ये विविधात्मानो गन्धा विविधयोनयः।
तेष्वनेनानुमानेन विज्ञेया विकृतिं गताः॥

१५। इदञ्चापातिदेशार्थं लक्षणं गन्ध संश्रयम्।
वक्ष्यामो यदभिज्ञाय भिषग् मरणमादिशेत्॥

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8. The wise say that a man from whose body emit day and night various kinds of smells as those blowing from a forest teeming with different types of trees and creepers all decked with blooming flowers, is one who has approached his end.

9. A man with these symptoms is sure to die within a year.

10. The wise say that a man from whose body comes out the smell of diverse flowers one at a time or a blending of various smells at a time irrespective of the fact that the smell happens to be pleasant or unpleasant, is one who is close on his death (which may happen within a year).

11. A physician must know that a man, whose body sends forth obnoxious smell (*e. g.* as of dead body, urine, fæces etc.) of any particular thing or of various things at a time, is one marked for impending death (which may happen within a year.)

12. It is said that a person, whose body issues odour, pleasant or unpleasant, in varying nature without any rhyme or reason, is a victim to death (which may happen within a year).

१६। वियोनिर्विदुरो गन्धो यस्य गात्रे तु जायते।
इष्टो वा यदि वानिष्टो न स जीवति तां समाम्॥

१७। एतावद् गन्धविज्ञानं रसज्ञानमतःपरम्।
आतुराणां शरीरेषु वक्ष्यते विधिपूर्वकम्॥

१८। यो रसः प्रकृतिस्थानां नराणां देहसम्भवः।
स एषां चरमे काले विकारं भजतेऽद्भयम्॥

१९। कश्चिदेवास्य वैरस्यमत्यर्थमुपपद्यते।
स्वादुत्वमपरस्यापि विपुलं भजते रसः॥

२०। तमनेनानुमानेन विद्याद्विकृतितां गतम्।
मनुष्यो हि मनुष्यस्य कथं रसमवाप्नुयात्॥
मक्षिकाश्चैव यूकाश्च दंशाश्च मशकैस्सह।

२१। विरसादपसर्पन्ति जन्तोः कायान्मुमूर्षतः॥

२२। अत्यर्थरसिकं कायं कालपक्वस्य मक्षिकाः।
अपि स्नातानुलिप्तस्य भृशमायान्ति सर्वशः इति॥

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13. Odours are ordinarily such as those of sandalwood, the costus, cassiatora, aloe-wood, honey, garlic, urine and fæces. or carcass.

14. There are also other kinds of smells originating from different sources which require due cognizance and from which as well, a physician should infer about the perverted state of smells.

15. We shall now dilate upon the subject of smell for further knowledge, and from that a physician can arrive at a conclusion about the coming death.

16. An individual from whose person comes out odour, pleasant or unpleasant, with no reason, or from cause very remote will not be alive after a year from date.

17. So much about smell. The subject of Rasa (sweet, sour, saltish, bitter, hot, and astringent) as deduced from the body of a patient will now be discussed systematically.

18. The Rasa that is indigenous to the body of a normal man assumes two different types at the preparatory stage of death.

19. One of these types develops an abnormal feeling of sweet taste, whereas the other proves contrariwise.

20. From this a physician should infer that the *rasa* of a person has become perverted. But how can a man know about the Rasa of another man ?

21. Flies, lice, ants, aud mosquitos shun a person who is about to die as the Rasa of his body is distasteful.

22. Flies always infest the body of a person whose end is nigh, even though he has just taken his bath and if the *rasa* of his body is abnormally sweet.

23. The indications of Rasa and Gandha (taste and smell) as can generally be evidenced on the body of a person who is about to die (within a year) have been discussed with examples and these will enable a physician to preconclude about death.

तत्र श्लोकः ।

२३ । यान्येतानि मयोक्तानि लिङ्गानि रसगन्धयोः ।
पुष्पितस्य नरस्यैतत्फलं मरणमादिशेत् ॥

इति अग्निवेशकृते तन्त्रे चरकप्रतिसंस्कृते
पुष्पितकेन्द्रियं नाम द्वितीयोऽध्यायः ॥

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ॐ

तृतीयोऽध्यायः ।

परिमर्षणीयम् ।

CHAPTER III.

1. We shall now deal with *Parimarshaneeyam Indriyam* or the chapter discussing about touch etc.

2. So says the Seer Atreya.

3. Just as we have discussed about the signs and symptoms of a person, who is nearing his end, with detailed reference to his colour, voice, smell, and taste, we shall now do so in regard to *sparsa* or touch.

4. One who is desirous of knowing the longevity of a patient by means of touch alone, should touch the body of the patient with a hand in normal state and press with the other. A physician, who palpates, has to study the condition of a patient from the following details :—
Cessation of throbbing of some parts of the body which in normal condition throb ; normal warmth of body replaced by cold ; softness and tenderness becoming hard and rough ; glossiness giving place to dryness ; disappearance or deviation of some specific organs as testicles etc. ; looseness,

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१ । अथातो परिमर्शनीयमिन्द्रियं व्याख्यास्यामः

२ । इति ह स्माह भगवानात्रेयः ।

३ । वर्णे स्वरे च गन्धे च रसे चोक्तं पृथक् पृथक् ।
लिङ्गं सुमृषतां सम्यक् स्पर्शेष्वपि विधीयते ।

४ । स्पर्शप्राधान्येनैवातुरस्यायुषः प्रमाण विशेषं जिज्ञासुः प्रकृतिस्थेन पाणिना केवलमस्य शरीरं स्पृशेत् । विमर्शयेदाऽन्येन । परिमृशता तु खल्वातुरशरीरमिमे भावास्तत्र तत्रवोद्धव्या भवन्ति । तद्यथा सतत स्पन्दमानानां शरीरदेशानां स्तब्धः । नित्योष्णां शीतभावः । मृदुनां दारूणत्वम् । स्निग्धानां खरत्वम् । स्थूलानां कृषणादीनां सतामसद्भावः । सन्धीनां स्रंसभ्रंशधावनानि मांसशोणितयोर्वीनीभावो दारूणत्वम् ।

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distraction, or sidewise dislocation of joints ; relaxation or stiffness of muscles, or extreme lack of proper constituents of blood (*i. e.* anaemia in its extreme state), or want of proper blood circulation and excessive sweating or cessation thereof. Similar symptoms other than these, if any, are also to be discerned by means of palpation. We shall refer to them briefly.

5. If the feet, legs (lower portion), thighs, buttocks, abdomen, sides of the body, back and spinal cord, hands, neck, throat, lips, and forehead perspire, become cold, stiff or rough, or show relaxation of muscles and lack of normal constituents of blood, it is to be realised that a patient with such symptoms will die ere long.

6. If the ankles, knee joints, hip joints, rectum, testicles pennis, umbilicus, shoulders, breast, wrists of the hands, ribs, jaw bones, nose, ears, eyes, brows or temples of a patient are felt by means of palpation to be very weak or distracted or dislocated, it is to be concluded that patient will not live long.

7. So also, a patient's inhalation and exhalation, jugular veins, teeth, eyelashes, eyes, hairs on the head and body, abdomen, nails, and fingers are to be examined.

स्वेदानुबन्धः स्तम्भो वा यच्चान्यदपि किञ्चिदौष्ट्रशं स्पर्शानां लक्षणमनिमित्तं स्यादिति लक्षणानां संग्रहः स्पर्शानाम्। तद्ग्रासतोऽनुव्याख्यास्यामः।

५। तस्य चेत् परिमृश्यमानं पृथक्त्वेन पादजङ्घोरू स्फिगुदरपार्श्व-पृष्ठेखिकापाणि ग्रीवातालोष्ठं ललाटं स्विन्नं शीतं स्तब्धं दारुणं वीतमांसशोणितम् वा स्यात् परासुरयं पुरुषो न चिरात् कालं मरिष्यतीति विद्यात्॥

६। तस्य चेत् परिमृश्यमानानि पृथक्त्वेन गुल्फ जानु वङ्क्षण गुदवृषण मेढ्रनाभ्यंसत्तन मणिकऽवर्शुकानासिका-कर्णाक्षिभ्रूशङ्खादीनि स्रस्तानि व्यन्तानि च्युतानि वा स्थानेभ्यः स्युः परासुरयं पुरुषो न चिरात् कालं मरिष्यतीति विद्यात्॥

७। तथास्योच्छ्वासमन्यादन्तपक्ष्मचक्षुःकेशलोमोदरनखाङ्गुलीरा लक्षयेत्।

८। तस्य चेदुच्छ्वासोऽतिदीर्घो रूक्षो वा स्यात् परासुरिति विद्यात्॥

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8. If the breathing of a patient is either laboured or shallow, it is to be undrestood that his life is about to depart.

9. If the jugular veins of a patient do not throb it is to be concluded that he will die soon.

10. If the teeth of a patient are abnormally dirty and white, and have accumulated tartar he is doomed to meet his end ere long.

11. If the eye-lashes of a patient become matted, he is to be taken as about to die.

12. If his eyes lose their normal state and become excessively protruded, sunken, squint, irregular, atonic, watery, fixed, staring, wild, upturned, dim, lacking in power of vision at day time or at night, scintillating, of colour-blind—the normal sight being tainted by one of the colours as black, yellow, blue, dark-brown, copper-brown, green or white—he is to be considered as one nearing his end of life.

13. If the hairs of the head and body of a patient show an abnormal elastic tendency and can be plucked without difficulty and without pain to the patient, it is to be realised that he is on the brim of death.

९। तस्य चेत् मन्ये परिमृश्यमाने न स्पन्देयातां परासुरिति विद्यात्।

१०। तस्य चेद्दन्ताः परिकीर्णाः श्वेता जातशर्कराः स्युः परासुरिति विद्यात्।

११। तस्य चेत् पक्ष्माणि जटाबद्धानि स्युः परासुरिति विद्यात्।

१२। तस्य चेच्चक्षुषो प्रकृतिहीने विकृतियुक्ते अत्युत्पिण्डिते अतिप्रविष्टे अतिजिह्मे अतिविषमे अतिविमुक्तबन्धने। अतिप्रस्रुते सततोन्मेषिते सततनिमेषिते निमिषोन्मेषातिवृत्ते विभ्रान्तदृष्टिके विपरीतदृष्टिके हीनदृष्टिके व्यस्तदृष्टिके नकुलान्धे कपोतान्धे अलातवर्णे कृष्णनीलपीतश्यावताम्रहरितहारिद्रशुक्ल वैकारिकाणां वर्णानामन्यतमेनातिसंसृते स्यातां परासुरिति विद्यात्।

१३। तस्य चेत्केशलोमान्यायम्यमानानि प्रलुच्येरन् न च वेदयेयुः। तं परासुरिति विद्यात्। शुक्लावासाः पराशु रिति विद्यात्।

१४। तस्य चेन्नखा वीतमांस शोणिताः पक्वजाम्बवर्णा स्युः परासुरिति विद्यात्।

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14. If the veins over the surface of the abdomen of a patient become dark-brown, copper-brown, blue, yellow or white, it is to be understood that he is about to die.

15. If the flesh recedes from the nails of patient and his nails become bloodless and assume the colour of ripe black-berries, he is sure to die soon.

16. If the fingers of patient become unusually elongated or if the joints of the fingers become unusually stiff, he is to be considered as approaching his end.

17. A physician, who understands the significances of the results of palpation exercised in the case of a patient, will never fail to ascertain the longevity of his patient.

१५। अथास्याङ्गुलीरायच्छेत् तस्य चेदङ्गुल्य आयम्यमाना न स्फुटेयुः परासुरिति विद्यात् ॥

भवति चात्र ।

१६। एतान् स्पृश्यान् बहून् भावान्यः स्पृशन्नबुध्यते ।
आतुरे न स सन्मोहमायुर्ज्ञानस्य गच्छति ॥

इति अग्निवेशकृते तन्त्रे चरक प्रतिसंस्कृते इन्द्रियस्थाने परिमर्शनीयमिन्द्रियं नाम तृतीयोऽध्यायः ॥

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चतुर्थोऽध्यायः ।

इन्द्रियानीकम् ।

CHAPTER IV.

1. Now we shall discuss *Indriyaneekam Indriyam* or the chapter dealing with Indriyas or five sensory organs viz eyes, ears, nose, tongue, and skin.

2. So says the Seer Atreya.

3. Do please instruct us as to how a learned physician should examine the sensory organs of a living being with a view to ascertain its longevity.

4. One should examine the Indriyas or sensory organs inferentially and very minutely ; conclusion about things that are obscure to the senses of an observer has to be arrived at by means of inference.

5. If as a result of observation it becomes evident that the Indriyas or sensory organs of a patient differ in function

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१ । अथातः इन्द्रियानीकमिन्द्रियं व्याख्यास्यामः

२ । इति ह स्माह भगवानात्रेयः ।

३ । इन्द्रियाणि यथा जन्तोः परीक्षेत विशेषवित् ।
ज्ञातुमिच्छन् भिषङ्मानमायुषस्तन्निबोधत ॥

४ । अनुमानात् परीक्षेत दर्शनादीनि तत्त्वतः ।
अद्धा हि विदितं ज्ञानमिन्द्रियाणामतीन्द्रियम् ॥

५ । स्वस्थेभ्यो विकृतं यस्य ज्ञानमिन्द्रियसम्भवम् ।
आलक्ष्येतानिमित्तेन लक्षणं मरणस्य तत् ॥

६ । इत्युक्तं लक्षणं समग्गिन्द्रियेष्वशुभोदयम् ।
तदेव तु पुनर्भूयो विस्तरेण निबोधत ॥

७ । घनीभूत मिवाकाशमाकाशमिव मेदिनीम् ।
विगीतं ह्युभयं ह्येतत् पश्यन् मरणमृच्छति ॥

८ । यस्य दर्शनमायाति मारुतोऽम्बरगोचरः ।
अग्निर्नायाति वा दीप्तस्तस्यायुःक्षयमादिशेत् ॥

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from those of a normally healthy man without sufficient reason, a physician should conclude that difference is a sign of approaching death.

6. The unwelcome signs that show themselves through the Indriyas or sensory organs of a patient have thus far been dealt with and I shall now dive deep into the subject so that you may be able to have thorough knowledge thereof.

7. A man to whose vision the sky appears as uneven as the earth, or the earth as even as the sky, or both the sky and the earth reversely as earth and sky at a time, is near about the end of his life.

8. A patient to whose eyes the blowing wind in the sky seems to have a form or be visible, and the fire that is burning is invisible, will die shortly.

9. A man to whom the clear water either stagnant or running appears as if a net has been spread underneath or who apprehends while walking as if a net has been cast on the surface of the earth, is about to bid farewell to his earthly existence.

10. A patient, who in a state of wakefulness sees apparitions, demons and other strange objects, is not likely to live long.

11. A patient to whose sight the glowing fire appears to be blue, dim, dark, or white, is likely to die within seven days' time.

८। जले सुविमले जालमजालावततं तथा।
स्थिते गच्छति वा दृष्ट्वा जीवितात् परिमुच्यते॥

१०। जाग्रत् पश्यति यः प्रेतान् रक्षांसि विविधानि च।
अन्यद्वाप्यद्भुतं किञ्चिन्न स जीवितुमर्हति॥

११। योऽग्निं प्रकृतिवर्णस्थं नीलं पश्यति निस्प्रभम्।
कृष्णं वा यदि वा शुक्लं निशां वसति सप्तमीम्॥

१२। मरीचीनसतो मेघान् मेघान् वाप्रसतोऽम्बरे।
विद्युतो वा विना मेघैः पश्यन् मरणमृच्छति॥

१३। मृन्मयीमिव यः पात्रीं कृष्णाम्बरसमावृताम्।
आदित्यमीक्षते शुद्धं चन्द्रं वा न स जीवति।

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12. A man who sees the clear sky as thickly clouded or the clouded sky as clear one, or sees lightning in the sky when cloud there is none, will die soon.

13. When the clear sun or moon appears to a patient like a dark earthen pot held high in the sky, such a patient is doomed to die shortly.

14. When a man, healthy or diseased, sees the moon and the sun in their full form on days other than the full-moon day, his end is near at hand.

15. A man who sees the sun in the night or the moon during the day time, or smoke without fire, or fire as dim at night, will die within a short time.

16. One who sees bright things as dim or things that are not bright as bright or objects with peculiar qualities as objects bereft of all these qualities, will meet with his death before long.

17. A man lying on the verge of death sees without sufficient reason, objects in various forms and shapes, in discoloured or colourless state, and in numberless proportion.

१४। अपर्वणि यदा पश्येत् सूर्य्याचन्द्रमसोर्ग्रहम्।
अव्याधितो व्याधितो वा तदन्तं तस्य जीवितम्॥

१५। नक्तं सूर्य्यमहश्चन्द्रमसमग्नौ धूममुत्थितम्।
अग्निं वा निष्प्रभं रात्रौ दृष्ट्वा मरणमृच्छति॥

१६। प्रभावतः प्रभाहीनान्निष्प्रभावान् प्रभावतः।
नरा विलिङ्गान् पश्यन्ति भावान् प्राणान् जिहासवः॥

१७। व्याकुलानि विवर्णानि विसंख्यागतानि च।
विनिमित्तानि पश्यन्ति रूपाण्यायुःक्षये नराः॥

१८। यश्च पश्यत्यदृश्यान् वै दृश्यान् यश्च न पश्यति।
तावुभौ पश्यतः क्षिप्रं यमक्षयमसंशयम्॥

१९। अशब्दस्य च यः श्रोता शब्दान् यश्च न बुध्यते।
द्वावप्येतौ यथा प्रेतौ तथा ज्ञेयौ विजानता॥

२०। संवृत्याङ्गुलिभिः कर्णौ ज्वालाशब्दं य आतुरः
न शृणोति गतासुं तं बुद्धिमान् परिवर्जयेत्॥

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18 A man to whose sight things that are generally invisible appear to be visible, and visible things are invisible, or normally visible and invisible objects appear to be invisible and visible in quick succession, will die soon.

19. One who seems to hear sound when there is none and one who cannot hear or make out sound that is audible, are both to be considered as dead.

20. An intelligent physician has to give up the case of a patient who cannot hear the ringing sound when the fingers are thrust into his earholes, considering him as if dead.

21. A physician should understand that a patient who smells pleasant odour as unpleasant or vice versa, or fails in catching smells at all is one who is almost dead.

22. The diligent say that a patient who cannot feel the Rasa or taste, or cannot distinguish one taste from the other even though he is not suffering from stomatitis or some other similar disease in the mouth, is one ripe for death.

23. A patient, who feels by touch sensation other than that indigenous to heat or cold, gloss or dryness, softness or coarseness, is about to die.

२१। विपर्य्ययेण यो विद्याद्गन्धानां साध्वसाधुताम्।
न वा तान् सर्वशो विद्यात् तं विद्याद्विगतायुषम्॥

२२। ये रसान् न विजानाति न वा जानाति तत्त्वतः।
मुखपाकादृते पक्वं तमाहुः कुशला नरम्॥

२३। उष्णान् शीतान् खरान् श्लक्ष्णान् मृदूनपि च दारूणान्।
स्पृश्यान् स्पृष्ट्वा ततोऽन्यत्वं मुमूर्षुस्तेषु मन्यते।

२४। अन्तरेण तपस्तीव्रं योगं वा विधिपूर्वकम्।
इन्द्रियैरधिकं पश्यन् पञ्चत्वमधिगच्छति॥

२५। इन्द्रियाणामृते दृष्टेरिन्द्रियार्थान् न पश्यति।
विपर्य्ययेण यो विद्यात् तं विद्याद् विगतायुषम्॥

२६। स्वस्थाः प्रज्ञाविपर्य्यासैरिन्द्रियार्थेषु वैक्लवम्।
पश्यन्ति ये सुबहुशस्तेषां मरणमादिशेत्॥

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24. If the capacity of the sensory organs of a patient is increased to an unusual extent even when he is not engaged in intense meditation or *Thapas*, or not practising *yoga* or systematic contemplation of God, death of such a patient is fast approaching.

25. A patient who derive normally the *Indriyarthas* or the objects of senses, *e. g.* taste, sight, hearing, smell and touch, without the help of his sensory organs is not likely to live long.

26. Those people, either healthy or diseased, who, in a state of mental aberration, derive sensation other than that peculiar to the respective sensory organs are about to die shortly.

27. A physician who has mastered the science of *Indriyas* or sensory organs as discussed above, is qualified enough to speak of death and longevity of a patient.

तत्र श्लोकः ॥

२७। एतदिन्द्रियविज्ञानं य पश्यति यथातथम् ।
मरणं जीवितञ्चैव स निषग् ज्ञातुमर्हति ॥

इति अग्निवेशकृते ग्रन्थे चरक प्रति संस्कृते इन्द्रियस्थाने इन्द्रियानीकमिन्द्रियं नाम चतुर्थोऽध्यायः ।

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GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

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(*Continued from our last issue.*)

DISEASES OF THE NEW-BORN :—

Diseases of the Navel :—If the navel suppurates, (1) anoint the part with oil cooked with paste of *Symplocos racemosa*, *Aglaia Roxburghiana*, *Curcuma lona*, *Berberis asiatica*, and liquorice; (2) apply the paste of the above drugs to the navel (Ch.).

If the cord is not properly cut, the following four diseases (all of them varieties of umbilical hernia) may occur :—

(1) *Uttundita* :—A ball-like tumour of large proportions (Gangadhara).

(2) *Pindalika* :—A flat circular tumour, neither so elevated nor so globular (Gangadhara).

(3) *Vinamika* :—A circular tumour with elevated edges and central portion depressed.

(4) *Vijrumbhika* : - A continuously increasing tumour.

Treatment :—In case these diseases appear, consider the gravity of the case, and treat with drugs which cause no burning and which alleviate *Vayu* and *Pitta* ; wash the part with a decoction of these same drugs ; anoint them as paste ; cover the navel with lints soaked in the drugs ; or apply ghee only (Ch.).

Lohitaka (Tetanus) :—The possibility of tetanus due to infected wounds is indicated in the complications of the operation of piercing the ear lobule of an infant 6 months old ; there is numbness, stiffness of muscles of the neck, tetanic symptoms, headache and earache (Su.)

HYGIENE AND GENERAL CARE OF INFANTS :—

The Nursing :—The nursery should be roomy, pleasant, well-built, well-lighted, protected from wind, and with one portion of it freely ventilated ; it should be free from parasitic animals like snakes, rats, insects, mosquitoes. There should be rooms for storing water, and bathing ; kitchen, store-room, and closet ; the

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nursery should be provided with the necessary articles for different seasons (Ch.).

Clothing :—There should be beds, mattresses, covers, coverlets ; these should be soft, light, clean, and fragrant ; they should be removed if soiled with perspiration, urine, stools, bugs, fleas, dirt etc. ; if there be no other clothing, use the same after washing, drying, and fumigating (Ch.).

For fumigation of clothes, use (1) the fumes from a dead crow to which oil, fat, and marrow have been applied and is burnt (Va.) ; (2) or fumes from burning ghee containing powders of barley, mustard seeds, linseed, asafœtida, the three myrobalans, lac, snake's cast-off slough, *Balsamodendron myrrh*, *Acorus Calamus*, *Andropogon acicularis*, *Paniculum dactylon*, *Nardostachys Jatamansi*, *Saraca indica* bark, and *Picrorhiza Kurrooa* (Ch.)

General Care.—A child should always be kept in an inner apartment of the house ; it should not be kept in an unclean and unholy place, under the sky, nor over uneven ground ; nor should it be exposed to heat, storm, rain, water, dust, and smoke ; it should be guarded from exposure to the sun, or the glare of lightning ; it should not be placed under a tree or a creeper, in low-lands, in lonely houses or in their shades (Su.).

A child should be handled without any discomfort to it ; it should not be suddenly roused, nor picked up, nor laid down ; it should not be scolded ; if it is thus frightened, derangement of *Vayu* may occur (Su.).

Hump-back is due to early attempts at seating it ; it should be made to sit when five months old (Su.).

A child should be lovingly fondled and amused with toys ; it thus becomes healthy, cheerful, and intelligent as it grows older (Su.).

When the child is four months old, it can be taken out of the delivery room (V. Va.).

Infantile Elixirs.—To improve the health, strength, intellect, growth, memory, and longevity, give (1) to infants fed on breast milk,—ghee cooked with white mustard seeds, 'Saindhava' salt, *Acorus Calamus*, *Nardostachys Jatamansi*, *Gynandropsis pentaphylla*, *Achyranthes aspera*, *Asparagus racemosus*, *Hemidesmus indicus*, *Hydrocotyle asiatica*, *Piper longum* fruit, *Curcuma longa*, and *Saussurea Lappa* ; (2) for those fed on breast

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milk and rice give,—ghee cooked with liquorice, the three myrobalans, *Acorus Calamus*, *Plumbago zeylanica*, and *Piper longum* fruit; (3) for those on rice alone, give—ghee cooked with the "Ten Roots," milk, honey, *Valeriana Hardwickii*, *Cedrus Labana*, *Piper nigrum*, *Embelia Ribes*, *Vitis vinifera* fruit, *Hydrocotyle asiatica*, and *Herpestis Monniera*; also give, (4) with ghee, honey and well-powdered gold,—*Acours Calamus*, and *Saussurea Lappa*; or (5) *Hydrocotyle asiatica*, and *Andropogon aciculatum*; or (6) *Acorus Calamus* and *Gynandropsis pentaphylla*; or (7) *Azadirachta indica* and *Cynodon Dactylon* (Su.). (8) Give ghee cooked with *Hydrocotyle asiatica*, *Albizzia Lebbek*, *Acorus Calamus*, *Hemidesmus indicus*, *Saussurea Lappa*, *Piper longum* fruit, 'Saindhava' salt; this also removes eye-troubles and prevents convulsions. (9) *Ashtanga Ghrita*.—Cook 32 parts of ghee, 64 parts of milk with one each of *Acorus Calamus*, *Psoralea corylifolia*, *Hydrocotyle asiatica*, *Evolvulus erecta*, *Asparagus racemosus*, *Sarcostema brevistigma* and *Tinospora cordifolia*, (10) *Saraswata Ghrita*.—Ghee cooked with goat's milk, 'Saindhava' salt, dry ginger, fruits of *Terminalia Chebula*, *Piper longum*, *P. nigrum*, *Cyclea peltata*, *Acorus Calamus*, and *Moringa pterygosperma*; it improves speech, memory, intellectual powers and appetite. (11) Give ghee cooked with *Acorus Calamus*, *Tinospora cordifolia*, *Curcuma zerumbet*, *Terminalia Chebula*, *Ctenolepis cerasiformis*, *Emeblia Ribes*, *Achyranthes aspera* and ginger (Va.). (12) Ghee cooked with *Acorus Clamus*, *Terminalia Chebula*, *Carum copticum*, *Saussurea Lappa*, *Piper longum*, *Cuminum Cyminum*, ginger, liquorice and 'Saindhava' salt; it improves speech (Va.).

NUTRITION :—

A.—*Milk*.

Milk is the sweet essence of the Lymph (*Rasa*) manufactured from the digested food; the Lymph courses through the whole body and is ultimately concentrated in the breast of the mother; it is the white fluid essence of herbs, cereals, etc., which enter into the food of milk-giving beings; it is, therefore, the best of all nutritive substances (Su.).

Physical Character and Properties.—It is heavy, sweet, slimy, cold, glossy, emollient, laxative and mild. It is kindred in nature to the essential principle of life; so its use may be unreservedly recommended to all, and is not forbidden in diseases due to deranged *Vayu* or *Pitta*; its beneficial and curative efficacy is seen in miscarriage, in other diseases peculiar to the female generative organs

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and in hæmorrhages ; it is refrigerant, tonic, rejuvenating and aphrodisiac ; it imparts a healthy rotundity to the body, augments the quantity of the bodily Vital Fluid (*Ojas*), and is the most complete and wholesome diet for infants (Su.).

Morning milk is heavy, cold, and difficult to digest. Evening milk is invigorating and refrigerant. Fresh-milched, warm milk is exteremely wholesome ; cold unboiled milk is heavy ; by boiling all milks except a woman's, they are freed from injurious traits (Su.).

B.—*Maternal Milk.*

Physiology.—The orifices of the channels carrying 'Menstrual Fluid' of an enciente are obstructed by the fœtus ; the menstrual fluid thus obstructed courses upwards ; part of it reaches the breasts and makes them full and plump (Su.).

Breast-milk like 'Semen' lies hidden and invisible in the organism though permeating it in a subtle form ; its characteristics are like those of 'Semen ,' both 'Semen' and milk are the products of the essence of digested food, and in women this essence is converted into milk (Su.). There are 12 ounces of milk in a mother's body (Va).

The milk sets in, in a newly parturient woman, in three or four days owing to the dilatation of the orifices of the milk ducts ; it is secreted and flows out at the touch, sight, or thought of a child, in the same way as 'Semen' is dislodged at the touch, sight, or thought of a beloved (Su.).

A child fed on pure healthy milk is sure to thrive and gain in strength and health (Su,).

Examination of Milk.—The breast milk of a nurse or mother should be tested by casting it in water. Pure and healthy milk is thin, cold, clear, tinged like the hue of a conchshell, is easily miscible in water, gives no froth nor shreds, and neither floats nor sinks in water ; the milk which instantly mixes with water, tastes sweet, and retains its natural greyish tint is pure (Su.). Such a milk conduces to nourishment and health (Ch.).

The milks of a woman, cow, she-goat, she-camel, ewe, she-buffalo, mare, she-elephant are generally used by man (Su.).

The milk of a woman is wholesome, light, vitalising and appetising (Su.).

(*To be continued.*)

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Reports of Societies, etc.

——:o:——

A CALL TO THE YOUTH OF ASIA

BY

Dr. Haridas T. Mazumdar.

(Dr. Haridas T. Mazumdar is a friend and biographer of Mahatma Gandhi. He was one of the seventy-eight disciples with whom the Mahatma went forth on his famous "March to the sea" in the Spring of 1930. He is the Editor of "India Today and Tomorrow", New York City, and author of the monumental work, "Gandhi Versus the Empire." At present, he is engaged in the task of interpreting India and Gandhi to the American people. The New History Society of America, New York City, announces that among the international judges for the Asiatic award there will be, beside Dr. Muzumdar, Rabbi Stephen S. Wise, of the Free Synagogue, Dr. John Haynes Holmes, of the Community Church, Dr. Nicholas Roerich, of Roerich Museum, Devere Allen, Editor of the "World Tomorrow", Dr. Henry A Atkinson, General Secretary of the World Conference for International Peace Through Religion, and others of international repute.
—*Editor.*

Youth of Asia ! The clarion call of this new age invites you to new duties, to new tasks. You are the noble inheritors of the Light that has radiated from the East to all parts of the world. Moses, Abraham, Jesus, Mohammed, Baha-u-Llah, are not mere names to you—they ate part of the living reality and experience of the Orient. The light that shineth from Confucius and Zarathustra is attested to by vast masses in our Asiatic continent. Krishna, Buddha, Mahavira, Nanak, Ram Mohan Roy, Dayanand Saraaswati, Ramkrishna—and yes, the great soul, the Mahatma, today treading this earth—these are to you not mere subjects for research as to the Occidental ; they are the sublime realities that mould your life, that give meaning to your life experiences—to the spiritual experiences of mankind.

Yes, the Light has ever come from the East ! The Congress of Young Asia, held in Japan in December, 1933, rightly proclaimed : "In Asia lay the cradle of the human race and the origin of human civilization. Thousands of years before the Christian era, when the rest of humanity had scarcely emerged from barbarism, the Asiatic peoples had already built civilized institutions of their own. Humanity's cultural debt to Asia, thus, can hardly be overestimated."

The inexhaustible fountain of the spiritual experience of our forefathers should ever be kept before our mind's eye and should sustain us as we go through the business of everyday life. But let us make sure that we do not live on the glories of our forefathers, If we are to

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be worthy of the legacy left us by our predecessors, we should in our day and generation enrich that legacy and make it a vital part in the experience of all humanity. Let us, therefore, address ourselves to the task of finding facts, to the task of understanding Oriental and Occidental attitudes and values of life. Before becoming anxious to impose our ideas upon others, let us first understand their ideas. Before accepting uncritically the ideas of the Occidental world, let us first fully appreciate our heritage. Let our attitude be first and foremost that of respect for the spiritual values of others as well as for those of ourselves.

Everyone, be he from the Orient or from the Occident, believes that justice is better than injustice, that lawfulness is better than lawlessness, that peace is better than war, that plenty is better than poverty, that concord is better than discord, that co-operation is better than conflict. Even from a utilitarian point of view, everyone will subscribe to the above propositions. And if you are religiously inclined, you will agree with me in saying that these proposition are true, not because they work and bring practical results, but that they are true for their own sakes ; they represent certain spiritual values which the heart of man is ever seeking to attain. Further, I may say that the peace of mind which passeth understanding is better than the peace of society which succumbeth to misunderstanding ; that the life of spiritual pursuit, the abundant life of spirit, is far superior to the life of material wealth and plenty (which does not mean, however, that the peace of society and material wealth are to be despised). The peace of mind and the abundant life of the spirit are *theoretically* within the easy reach of everyone ; *practically*, they are within the easy reach of all those who dedicate themselves to carrying out the purposes of God in their own lives. But the peace of society and material wealth are dependent upon the foundations of our social order.

Is our society, I mean our *world-society*, so organized as to ensure peace and plenty to every individual and to every nation ? Are nations organized for peace or for war ? What is the basis of our international relations ? By international relations I do not mean the sorry mess of the European situation ; international relations cover a wider and broader field than that. By international relations, I have in mind particularly the relations between the two culture-groups—between the Orient and the Occident. Can we, either as Orientals or as Occidentals, be proud of the relations that exist between ourselves ? Do the people of the Occident know our culture sufficiently to condemn us as their inferior ? Do we of the Orient know the culture of the Occident sufficiently to adjudge them as pariahs risen to power because of the perversity of the Iron Age ?

Youth of the Orient ! Youth of the Occident ! Let me impress upon you the significance of our problem. It is not merely that markets and

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money and investments are at stake—our stakes are of vastly greater import. Much as we resent and suffer from Occidental political domination, from their economic imperialism, from their "white man's burthen", I feel that the greater issue lies in our mutual misunderstanding of each others' cultural values.

Youth of the Orient ! be earnest seekers of Truth. Address yourselves to the task of transvaluating values. Terms like nationalism, patriotism, internationalism, religion, culture, happiness, freedom, salvation, ought to get a new meaning and a new significance when interpreted from the Oriental point of view.

Nationalism is not, should not be, a preparation for imperialism. Nationalism ought to be conceived in terms of a community of interests established by birth, a complex of social heritage which we inherit, enjoy, improve upon when possible and communicate to others of our contemporaries and to posterity. Patriotism is not meant to teach us to cast lustful eyes on other countries ; rather is it meant to teach us to respect all those who love their countries as we love ours.

Internationalism is neither a system of uniform values of life nor is it the acceptance of a uniform system of government ; internationalism, strictly speaking, should refer to our community of reciprocal interests and obligations established by birth as members of different nations, of different culture-groups, and Implies the acceptance of a uniform code of ethics. Self-determination is its characteristic, not domination.

Religion, to the Occidental mind, is more or less synonymous with creed (from *credo*, "I believe"). Religion in the Oriental sense is best expressed by the Sanskrit word, DHARMA, which, being interpreted, means : "that which holds together". Religion is more than a system of ethics, more than a set of rituals, more than theology, more than philosophy ; religion is the vital principle that "holds together" or "unholds" the integrity and oneness of the individual, of the nation, of the human race, of the universe. Culture aims not merely at the development and accumulation of material goods but also, and more specifically, at the promotion of human happiness, freedom and salvation or self-realization. Happiness in its highest sense consists in the possession of the "enlightened" mind capable of distinguishing between Reality and Unreality—in the attainment of Truth. And "the Truth shall make you free" ; it is only in the attainment of Truth that real freedom is found. Only a free soul can attain salvation, or, which is the same thing, only a free soul can realize the highest value of his own self as well as of the Supreme Self.

It is my fervent hope that the youth of Asia will, in large numbers, participate in the Fourth International Competition of the New History

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Society of New York City. The topic of this Fourth Competition is: "HOW CAN YOUTH CONTRIBUTE TO THE REALIZATION OF A UNIVERSAL RELIGION ?" All young men and women residing in any of the countries of the Asiatic continent, not over 30 years of age, are qualified to participate in the Fourth Competition. Students and non-students alike may participate in it, provided they are not over 30 years of age. Write your essay on the assigned topic in your *Mother Tongue*, or in English or French, the length of the essay not to exceed 2,000 words.

Three prizes will be awarded : $300 for the best essay, $200 for the second best, $100, for the third best. Rules governing the Competition in Asia and other particulars may be had by writing to :

The Director
New History Society
132 East 65th Street
New York City, N. Y,
U. S. A.

The official announcement, with the complete list of the names of the judges of the Award Committee, will appear in July. The youth of Asia will be given six months in which to write their essays. That is, from August 1, 1934, to February 1, 1935.

* * * *

The subject of the *First* International Prize Competition, in which the students of American Universities participated, was : "How Can the Colleges Promote World Peace ?" The subject of the *Second* Competition, in which the students of the schools and colleges and universities of Europe participated, was : "How Can the Youth of the Universities and Schools Contribute to the Realization of a United States of the World ?" The subject of the *Third* Competition, in which the students of South and Central America are participating at this writing, is : "How Can the Youth of the Universities and Schools Contribute to the Reconstruction of the Human Commonwealth ?" The subject of the *Fourth* Competition, in which every young Asiatic, thirty years of age and under, is called upon to participate, is as already stated above :

"HOW CAN YOUTH CONTRIBUTE TO THE REALIZATION OF A UNIVERSAL RELIGION ?"

Youth of Asia ! will you rise equal to the opportunity that presents itself before you ?

———

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CORRESPONDENCE.

—:o:—

ALL BENGAL AYURVEDIC CONFERENCE.

To

THE EDITOR,

JOURNAL OF AYURVEDA.

Dear Sir,

The April issue of the Journal of Ayurveda has as its maiden contribution an article under the caption "All Bengal Ayurvedic Conference". From the position it occupies and the tone it expresses, the article seems to have been of the nature of an editorial. I have gone through the article carefully and I am sorry to inform the readers of your Journal that the article contanis some discrepancies, which need correction and ellucidation.

I quite appreciate the well-meaning attitude of the writer, but he has depended upon unreliable sources for details, and the article is, therefore, very likely to misguide the reading public by the misrepresentation of some particulars. In the intrest of all concerned, I therefore feel it a sense of duty, as one in the know of things, to write this correction.

According to the writer, "it was foolish of the sponsors of the conference" to have called it under circumstances perceived by him. But truly speaking, the conference has done us a great service even in its failure, so far as it has revealed to us where our emasculating factors lie, and how disunited we are in our ranks. Thus the conference may be said to have been a great success so far as this side the picture is concerned. It is idle to wait till the Doom's day for the inauguration of a favorable era when such conferences might be held to the satisfaction of all concerned. Propitious circumstances have got to be promoted and advanced by human efforts.

It may be stated in this connection that personal differences between the Chairman of the Reception Committee and the President of the conference, if any, had nothing to do with the rowdism that terminated it. Regarding the question of Government recognition of Ayurveda, both the gentlemen had co-operated under the roof of the Government in the Writers' Building in framing rules and regulations. A microscopic section of the Calcutta Kavirajes had stood aloof from the conference on petty personal grounds. Their ostensible plea was that the Chairman's views about state recognition were pronounced and favoured

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and that the President, though a man of different type, had also, nowhere, made a definite pronouncement against it. Thus according to them, they were unworthy of their confidence and they could not participate in the affairs of the conference unless a definite stipulation was extorted from the Reception Committee regarding committal to the non-raising of the question of 'Faculty and Council'. They doubted the motives of the office-bearers of the Conference, who intended, as they said, to have a resolution in favour of "Faculty" passed in the open Conference. I myself had to face these elements in their two meetings clarifying the neutral attitude of the Reception Committee, which was pledged to avert all controversial points, as far as possible. It is true that there was a great divergence of views regarding Governmental recognition among the participants of the Conference. But the office-bearers, who were also divided in opinions, had admirably worked in unision at the same table, month after month, without ever exchanging words regarding controversial matters. One of the Secretaries, who is also an associate Editor of the Journal of Ayurdeda (Kaviraj Shibnath Sen, B A., M.B.), happened to preside over the Ayurvedic Students' Conference during the last X-Mas holidays. In his address, he made no reference to the question, though he is a faculty-wallah. Even M. M. Gananath Sen, the Chairman, treaded only on the borders of the question in his address. The President made absolutely no mention of it. It would transpire from all these facts that the prominent participants of the Conference have been unnecessarily traduced by the writer.

It is true that there were two Schools of thought among the participators of the Conference. A Section desired the necessity of considering all questions concerning Ayurveda, irrespective of their nature, while a different section was in favour of abandoning all disputable subjects. In the Subjects Committee, the faculty question was raised and out-voted. Some members having raised objection to the validity of some votes, it was ultimately decided amicably that the Recognition question should be discussed in the open conference without going in for voting and acceptance of any resolution, in view of the fact that representatives had assembled from as many as 26 districts, holding different views. No sitting could take place on the third day. The evening of the preceding day witnessed the invasion of the Subjects committee by unauthorised and rowdy persons, who made all preparations on the 3rd day to repeat their ugly performance of the previous day, demanding a resolution in favour of *faculty* from the conference. So, the facts are not as they have been represented by the writer, depending upou his tiny bird. There were, of course, mischievous brains behind the scene, and they must belong to persons connected with the conference. People may have their

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own surmises and draw their own conclusions, but in the absence of proofs, positive and irrefrayagable, it is not safe to fix guilt on particular individuals.

The actions of the wire-pullers and assailants cannot be too strongly condemned. We, who have worked heart and soul for the success of the conference, have causes to feel more pained than casual observers. But when we have known ourselves truly, I do not feel surrounded by gloomy prospects. White-washing or self-deception is not the physician's task; he must know proper rectification, which lies under the circumstances in arranging yearly sessions of the conference in different places, and the Reception Committee has realised it in its meeting called to consider the situation.

CALCUTTA,
May 20th, 1934.

MONINDRA KUMAR MUKHERJEE,
Joint Secretary Exhibition and
Asst. Secretary, All Bengal Ayurvedic Conference.

Medical News & Notes

—:o:—

"TWO THESIS PRIZES"

(open only to the members of the Association.)

SUBJECTS :—"*Antenatal diseases, their causes & Treatment*" for the Joseph Benjamins Prize, Rs. 35/-

"*Cerebro—Spinal Fevers*". For the Dr. P. S. Ramchandrier's Thesis prize, Rs. 25/-

All bonafide members of the association can compete for the prize. The article *should not be more than One Thousand Typed Lines or Their equivalent*, and should be sent to Dr. Joseph Benjamin, President of the Gujrat Branch of the A. I. M. L. Assn., Dhalgarwada, Ahmedabad, so as *to reach him on or before the 30th Sept.* 1934.

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RHEUMATISM.

Inflammatory conditions are by no means confined to the winter months, and rheumatism does not govern itself by the calendar. So Antiphlogistine is an all-year therapeutic agent, indicated for and often affording the most grateful relief in the treatment of articular and non-articular rheumatism.

The moist heat which it maintains for more than 12 hours, reinforced by the osmotic and phagocytic actions of its chemical constituents, tends to improve the local metabolism, promote absorption of the swellings in and around the mascular fibres, helps to restore movement in stiffened joints and muscles and to bring relief from the pain.

Antiphlogistine is indicated for the majority of inflammatory lesions, whether deep-seated or local, and those physicians who are not conversant with its uses, or who may wish to give it further clinical trial, are invited to write for samples and literature. The Denver Chemical Mfg. Co., 163 Varick Street, New York, U. S. A.

PIONEER ADVERTISING SERVICE AGENGY STILL EXPANDING.

One of the oldest established British Advertising Agencies to specialise in advertising in the British Empire, D. J. Keymer & Co. Ltd., have found it necessary owing to continual expansion of their business, to remove from their present address, 1/3, Whitefriars Street, London, E.C.4, to Australia House, Strand, London, W.C.2. There they will have still further accommodation to meet every contingency necessary to modern business development.

Incidentally, we are informed that they have occupied Offices at their old address for the past ninety years.

During the last decade, D. J. Keymer & Co. Ltd. opened and established Branch Service Advertising Offices in Bombay and Calcutta, and have always had important contacts in various Cities of the Countries that make up the British Commonwealth of Nations.

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VENEREAL DISEASES & PUBLIC HEALTH

Statement showing venereal diseases treated in Bengal (District by District) during the year 1932 furnished for Annual Report of Surgeon General with the Government of India for 1932.

	Gonococcal infection.		Syphilis.		Otker diseases, of venereal origin.		Total.	
	Treated.	Death.	Treated.	Death.	Treated.	Death.	Treated.	Death.
1 Burdwan ...	748	...	799	2	229	2	1776	4
2 Birbhum ...	244	1	425	1	229	...	898	2
3 Bankura ...	270	...	462	...	175	...	907	...
4 Midnapore ...	3204	...	2827	...	1409	2	7440	2
5 Hooghly ...	1529	1	1526	...	1063	1	4118	2
6 Howrah ...	919	...	688	...	403	...	2010	...
7 24 Parganas ...	3381	...	2189	3	1112	3	6682	6
8 Nadia ...	506	3	556	1	286	...	1348	4
9 Murshidabad ...	603	...	746	...	355	...	1704	...
10 Jessore ...	408	...	240	...	146	...	794	...
11 Khulna ...	904	1	645	...	212	1	1761	2
12 Dacca ...	5286	...	3220	...	2621	...	11127	...
13 Mymensingh ...	4118	...	2757	...	465	...	7340	...
14 Faridpur ...	1019	...	522	...	682	...	2223	...
15 Bakarganj ...	2753	...	775	...	386	2	3914	2
16 Chittagong ...	1125	...	380	...	98	1	1603	1
17 Tippera ...	2247	...	832	...	613	...	3092	74
18 Noakhali ...	605	...	202	...	178	...	985	...
19 Chittagong N. T.	133	...	172	...	51	...	356	...
20 Rajshai ...	1129	...	925	...	772	...	2826	...
21 Dinajpur ...	552	1	285	...	161	...	948	1
22 Jalpaiguri ...	328	...	249	...	123	...	700	...
23 Rangpur ...	647	...	281	1	83	...	1011	1
24 Bogra ...	668	...	281	...	266	...	1215	...
25 Pabna ...	775	...	533	...	206	1	1514	1
26 Malda ...	132	...	105	...	49	...	286	...
27 Darjeeling ...	238	...	230	2	6	...	474	2

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THE JOURNAL OF AYURVEDA

Vol. XI.] July, 1934. [No. 1.

Kaviraj Syamadas Vachaspati Passes Away.

—:o:—

Great Sanskrit Scholar and Ayurvedic Physician.

The renowned Kaviraj and savant Kavlraj Shiromoni Shyamadas Bachaspati passed away on Tuesday, the 3rd instant at 10-5 p. m. at his Grey Street residence. He had been in indifferent health for some time past and got an attack of influenza 4 or 5 days ago, and developed complications with heart and lungs troubles. His condition suddenly grew worse on Tuesday and he died at 10-5 p. m. of heart failure. He leaves behind Bimalananda Tarkatirtha, his only son, several daughters and grand children and the whole country in general and Ayurvedic profession in particular to mourn his loss. He was 71 at the time of his death.

The most prominent Ayurvedic physician of the day and erudite Sanskrit scholar, Kaviraj shiromoni was almost the pillar, the torch bearer and repository of Ayurvedic culture and the void created by his death in the sphere of Ayurvedic profession in particular and in the country in general will be difficult to fill. His disciples and students are now counted in their thousands, and seekers after Ayurvedic knowledge used to flock to him to drink deep at the 'Pierian Spring,' from the distant corners of India.

He had written original works on Ayurveda, and prepared elaborate commentaries of the original texts

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which, when published, will be regarded as a treasure house of knowledge. He had rare collections of Sanskrit manuscripts and ancient books on religion, Shastras and medicines, and possessed one of the biggest libraries of the time. During non-co-operation days, he responded to the call of Deshabandhu Das and contributed liberally to the funds raised for the cause of the country. He founded the Vaidya Shastrapith (National Ayurvedic College) for the development of indigenous medicine. He gave away the major portion of his huge earning to the upkeep of the institution and for the conduction of researches for the improvement of the Ayurvedic Science.

Full of the milk of human kindness, his heart always bled for human sufferings, and his charity and gifts to good causes were the talk of the town. He was an ideal host and a perfect gentleman. A large number of people was daily fed at his house.

The country is poorer to-day by the passing away of this great soul whose scholarship and charity won the heart of all those who had the privilege of coming in touch with him.

At the Burning Ghat

Despite the unusual hour, the news of the death of the Kaviraj Siromoni spread like wild fire in the city and students of the Ayurvedic College as well as friends and admirers of the deceased began to pour in at the Kaviraj Mahasaya's house. The last remains of the Kaviraj Mahasaya were taken in procession to the Kasi Mitra burning ghat in the latter part of the night.

A Brief Life Sketch.

Kaviraj Shiromoni Shyamadas Bachaspati was born in the year 1864. He was the son of Kaviraj Ananda Chandra Gupta and came of a very well known Baidya Family of Chupi in the District of Burdwan. He received

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his primary education at the village Pathsala. Thereafter he left for Benares for higher studies in literature and medicine, where he read with many reputed Pandits well versed in Sanskrit and Darsan. He began to study the Science of Ayurveda with the then illustrious Kaviraj Gangadhar and by dint of his merit and industry soon became the foremost of his disciples, after which he had his theoretical training under the guidance of Kaviraj Paresh Nath Roy of fame. To give a finishing touch to his study in the Science of Ayurveda, he became the disciple of his father Ananda Chandra Gupta who established an extensive practice at Rangpur.

From the very beginning of his career, he showed extraordinary indications of his future greatness. Presently he rose to the position of an eminent physician by his efficient power of diagnosis and genial temparament coupled with his sweet behaviour that endeared him to all who came in contact with him.

Let it be stated here that his fame was not confined in the province he lived in but as a Sanskrit scholar and successful physician he was honoured all over India. In recognition of his erudition he was honoured with the titles of Mohamohadhyapaka, Kabibhusana, Kaviraj Shiromoni, Kavichakrabarty, Gunarnava, Saraswati, Sarbabhauma, Bachaspati etc. Further, on more occasions than one he was elected President of the All India Ayurvedic Conference, although he could not accept office for reasons personal.

He was a true patriot and contributed liberally to the Funds started by the late Deshabandhu Chittaranjan Das for national works.

Kaviraj Shyamadas came to Calcutta as a poor boy, but by dint of his ability and energy rose to be one of the foremost men of Bengal.

He was a self-made man and attained the highest position in life in his profession by his own talent, zeal

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and energy. He was not only a great Kaviraj but a great phillanthropist as well. He used to spend monthly 900 Rupees to help Baidya and Brahmin widows among other charities. His only ambition in life was to revive the past glory of Ayurveda, the Science of life, and with that object at heart he started the Vaidya Sastra Peeth at a considerable sacrifice of money and comfort, nay he dedicated practically his all for the development of the institution.

He earned lacs in his profession only to spend lavishly in works humanitarian. He rendered invaluable services to the country by his untiring efforts for the revival and spread of Ayurveda far and wide. Not only did he treat the poor free of charge but rendered every possible assistance to them. His heart bled for the poor and none, seeking his help, had to return disappointed. The latter part of his life was spent in devotional duties in conformity to the orthodox Hindu philosophy.

Bengal is distinctly poorer today on account of the death of Kaviraj Shiromoni Shyamadas Bachaspati. He was an authority on Ayurveda and a Sanskrit scholar of vast erudition. He was popularly known in Bengal and outside not only for the art of healing in which he excelled but also for his magnificient charities. The Ayurvedic College and Dispensary founded and maintained by him will always be remembered by his grateful country-men as a monument to his memory. Kaviraj Shiromoni died full of years and honours but the end has been sudden. Not in the Congress but yet of the Congress, he leaves behind him his only son Kaviraj Bimalananda Tarkatirtha, who, we feel confident, will keep his great father's memory green in the public mind We offer our sincerest condolence to Kaviraj Bimalananda and other members of the bereaved family in their sad and great bereavement.

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Original Articles

ON THE HEART IN ANCIENT INDIAN MEDICINE.

By

REINHOLD F. G. MULLER.

Some modern Indian doctors believe that their ancient physicians knew the theory of circulation of the blood ; and this declaration is also reflected in the Occident. The oldest and most important proof for it is said to be the beginning of the 30th chapter of the *sūtrasthanı* in the *Carakasaṃhitā*. *Arthe daśa mahāmūlāḥ sirāḥ saktā mahāphalāḥ*. This text has been interpreted : "In the heart there are ten great out-going (*mahāmūlāḥ*) and in-coming (*mahāphalāḥ*) tubular vessels". The ten great vessels are the seven main trunk veins and three artêries as follows : (1) supperior vena cava, (2) inferior vena cava, (3) coronary sinus, (4-7) venae pulmonales ; (8) left pulmonary artery, (9) aorta, (10) right pulomary artery.

In the above quoted recension of *Gaṅgādhara*, the textual variation *samāsaktā iti kvacit pāthaḥ* has been added to the wording *sirāḥ saktā*. And this reading is warranted by the old commentary of *Cakrapāṇidatta* in the 11th century : *samāsaktā ityāśritāḥ*. Therefore vessels, let alone arteries or veins, are not mentioned at all ; the supposition only reads modern ideas into the medical doctrines of ancient India.

By way of introduction, we may briefly outline Indian opinion concerning the alleged blood-circulation, which builds the human body occording to modern ideas. The constituents of the body are named by the ancient Indian physicians *dhātu*, a substantivem verbale of *dhā* = put or set, also convey to which therefore describes a metamorphosis (cf. Sudhoffs Archiv 1934.....). Such a function is recognisable in the well konwn order of the *dhātus* ; juice (*rasa*), blood (*rudhira*), flesh (*māṃsa*), fat (*medas*), bone (*asthi*), marrow (*majjan*), seed (*śukra*), and *ojas*, as mentioned e. g. in the *Carakasaṃhitā sūtra* 26, 41 (henceforth abbreviated :

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CaS ; quoted Edition by *Nevendranāth Śāstrin*, Calcutta 1929). In this principal arrangement, the blood is not the last and the most important matter, but the *ojas*.

Ojas means a force, already in the *Ṛgveda*. Axiomatic observation of earlier times merge into a method of teaching during the *Upaniṣad* epoch. In one of the oldest traditions of this era, in the *Bṛhadāraṇyaka Upaniṣad*, the *ojas* is equated with *bala* or force (cf. *Kāṇva* recension V.14,4). And *ojas* is to be understood in this sense in professional medicine, where, e.g.in case of illness, it causes that part of *prameha*, wich is especially interpreted as diabetes mellitus (cf. Sudhoff's Archiv 1932, *1 ff*). A similar energetic function is attributed to *ojas* in the embryology, that of physiologial alimentation of the foetus (*CaS sūtra* 30, *8*/*śārīra* 4,*25*). *CaS śārīra 7, 14* established a physical measure of *ojas*, namely a handful (*½ añjali*), e.g. just as much as for the seed or sixteen times as much as for the blood. Here also, it acquires the attribute of being slimy (*śleṣmaṇa*), as it occurs in the *Yājñavalkya-Dharmaśāstra* III, *107*. J.J.MEYER has proved in the Wiener Zeitschrift f.d. Kunde d.Morgenlandes 35,*48 ff* that the legal and medical details originate from a mutual and ancient source. For the slimy quality of *ojas* there exists no coincidental mention ; for *CaS sūtra* 17, *115* repeats this peculiarity, after yellow (*74* : *pittaka*) colouring has previously been spoken of—the *Suśrutasamhitā* (abbreviated *SuS* ; Edition by *Yādava Śarman*, Bombay 1931) enlarges upon this theme. It cannot be absolutely denied that autoptic observation of an opened corpse may have given rise to such a description (cf. p. 8). But even then what was originally understood by *ojas* cannot be cleared up by a supposition. A variation of the text *CaS sūtra* 30, 7 provides a clue here. In a Kashmerian manuscript, the expression *ojas*, which is otherwise constantly used, is suddenly replaced by *tejas* = heat or fire, also in its philosophical colouring in the real meaning of fire (cf. p.....). And in this case a coincidence can be well assumed. For, e. g. in *CaS indriya* 12, *48* or *cikitsā* 15,*1*, the same relationship, which is already to be found in the *Upaniṣads* as body heat and which must belong to a very old school of thought, appears. This then may be older than the systematic relation between the fiery drink *soma* and phlegm, as indicated by the etymological parallel of *brahman* and (Greek) *phlegma*. In addition, *Cas sūtra* 12, *11-12* may also be cited : the

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doctrine of the relationship between fire and bile is here contrasted with the connection between *soma* and phlegm. Neither of these two opinions is recognised there as being solely valid (but cf. *SuS sūtra* 21, *5* and the commentary). Nevertheless, the above arguments for *ojas* show that the original fundamental theories were not entirely extinct, and that also its movements are contained in the roots of the heart (*CaS sūtra* 30, *7*) not unlike, e. g. as *agni*, the fire, goes through the plants according to the ancient Vedic ideas. The foregoing deductions demonstrate that the ancient Indian physicians estimated *ojas* as a liquid matter, in spite of the idea of strength, which is preserved even in the chapter of measuring, in *CaS vimāna* 8, *14*, 7/*14*.

Ojas ends the arrangement of the *dhātus*, which begin with *rasa* and blood. *Rasa* is the juice of food, which enters into the body. This juice becomes transformed into red blood by colouring caused by heat (*tejas*) and bile-heat (*pittoṣman* in the sense of fire : *CaS cikitsā* 15, *22*). Of course, the ancient physicians must have considered that also these two liquid matters ran for the continued metamorphosis through hollow spaces, now named vessels. But it is the question, whether an opinion of such spaces are exclusively determinated as blood-vessels in the doctrines of *CaS*,

An essential determination of those bloody channels is *srotas*. The special chapter for it, *srotavimāna*, *17*, enumerates dozens of synonyms for *srotas*, visible and invisible [!] ones, summarised as *avakāśa*, which can signify space, but also [lit.] radiating away, This connection of anatomical and functional idea will be touched on later. This chapter (*vimāna* 5) is in *9*, introduced by an accentuation of the large *srotas*, which has its root (*mūla*) in the heart and which carries the so called breath (*prāṇa-vahan*). According to this it may be assumed that the windpipe is referred to here. A real explanation of this sort cannot be disputed and cannot be enlarged upon in all its arguments, for here old meanings intervene. For instance, in *Ṛgveda*, the *soma* is drunk into the heart (cf. Asia Major 1930, *333*), without thereby having to believe that the Aryans really thought there to have been an anatomical communication between the mouth and the heart. On the other hand, the expression heart (*hṛd*, *hṛdaya*) is related in the latter tradition also to the chest (cf. E. g. *Mahābhārata* XII, *6842*). And if *prāṇa* means breath, this translation does not

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exhaust every theoretical meaning (cf. *MBh* XII, *7782*: *mansvahan* !). The doctrine of *prāṇa* turns up in several parts of the *Atharvaveda*, reflected in other Vedic traditions, developed and without traces of its origin. A genetic relation to the wind or to *ātman* (in a supposed meaning of breath) cannot be shown; the theory of *prāṇa* on the contrary makes a foreign impression in the old texts. It is worthy of notice, that also a connection with the lungs cannot be here supposed, for the physio-anatomical knowledge of this organ cannot be proved in the old medical traditions, at any rate, only at the earliest in the Tibetan translation of the *Aṣṭāṅgahṛdayasaṃhitā* (cf. CORDIER, Bulletin de l'*E*cole Francais d'Extrême Orient 1903, *610*—C. 5 : *glo*). In the Sanskrit text of Vāgbhaṭa (*nidāna* 5, *47*), the wording *kloman* cannot mean the lung, because of its being ranged between throat (*gala*) and palate (*tālu*), as in *SuS uttara* 51, *21*, rudimentary in *śārira* 10, *12*. A similar situation is in *CaS vimāna* 5, *10*, where a water-carrying *srotas* has its root in *kloman* and *tālu*. The water-carrying (*udakavahan*) has caused the mistaken idea of *tālu* as bladder, which can be refuted in *11*. [On the contrary] the blood-carrying *srotas* have the root in the liver (*yakṛt*) and the spleen (*plīha*). These short references must here be sufficient for the proof that the blood course has not any direct connection with the heart in *CaS*, in spite of some knowledge of the old physicians of blood vessels, as is later evident.

The systematic theory of the composition of the human body connected with the universe, from the very beginning, in the ideas of macro-microcosmos, has been preserved through the Indian and Iranic traditions. The question is the union of the five so called elements: fire, water, wind and earth, further a matter (*ākāśa*, *antarikṣa*, *kha*, *vyoman*, *viyat* etc.), which means really a space between, and which is supposed to be "ether". These five, generally named *bhūtas* or *mahābhutas*, have been joined especially in the *Upaniṣad* era with *brahman* and *ātman*. The last is in the oldest times the body or the self and its meaning develops later as a kind of soul, like *puruṣa*, man, in a philosophical evolution. *Brahman* can from a modern perspective be estimated as universal energy, but for the older Indian opinion, *brahman* was really and originally regarded as fire, as proved by HERTEL (Indogerman, Forschung, 41, *185 ff.*). The *Upaniṣad* teaching involves the equation *ātman*=*brahman*. Those ideas

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are reflected by *CaS śarīra* 5, *5* in the abridgement: earth, water, fire, wind, *ākāśa* and *brahman*, all of which are named *dhātus*. The term *dhātu* is here not accidental nor mistaken. For *Taittirīya Upaniṣad* II, *1* demonstrates that *ākāśa* arises from *ātman* (in place of *brahman*), wind from *ākāśa*, fire from wind, water from fire, earth from water, herbs from earth, food from herbs, man from food. This metamorphotic order, also frequently mentioned in the philosophical parts of the *Mahābhārata* (*MBh*), founds the meaning of the term *dhātu* and *bhūta* which are also otherwise preserved in medical texts.

The origin of *Mahābhūtas* from the universe is shown in the following scheme out of the fire heaven of the Aryan cosmology. The fire comes as rain (water), lightning (fire), wind (the physical meaning of air or gas was still unknown to the Aryans), and (dotted in the space between : the radiating towards =) *ākāśa* into the earth. All these are material beings or divine persons, but not abstract ideas of forces. This old doctrine has also been explored by HERTEL (Indo-Iran. Quellen u. Forschungn. I-IX ; Abhandlgn. phil.-hist. Kl. Sächs. Akadem. Wiss. 1925/3, 1929/2, 1931/6). The *mahābhūtas* are therefore estimated originally and really as fires ; and this meaning was still well known by the old professional scholars, as demonstrable in *Cas cikitsā* 15, *11*, wherein the supposed elements are clearly designated as five fires ('*pancoṣmāṇaḥ*').

The chief question for this theme is the meaning of *ākāśa* or those of its synonyms. The wording includes an idea of space and of radiation (sc. of fire). The cognate meaning, as proved in *CaS vimāna* 5, *27* by *avakāśa* (*ava-kāś* = shine away), characterises a great part of the ideas of Indian physiology, especially of those of senses. In this strict connection there are often opinions about the heart. For instance in *Taittirīya Upaniṣad* 1, 6, *1*, the space in the heart *antarhṛdaya* is *ākāśa*. In this space, *puruṣa* (here approximately = *ātman*) remains, in relationship to *brahman* and the wording '*maha*' (great). In the macro-microcosmic ideas, the space is enlarged as an inner world of man already in the old *Upaniṣads*, also in relationship to *ātman* and *brahman*, continued by numerous descriptions of the heart, as corresponding to a dwelling place or town, e. g. by the *MBh*, wherein (XII, *9124 ff.*) the relation to the whole body (*śarīra*) re emerges. On such a foundation, several reports are persevered e. g. those of the war between life and disease in the drama *Jīvānandana* of the 18th

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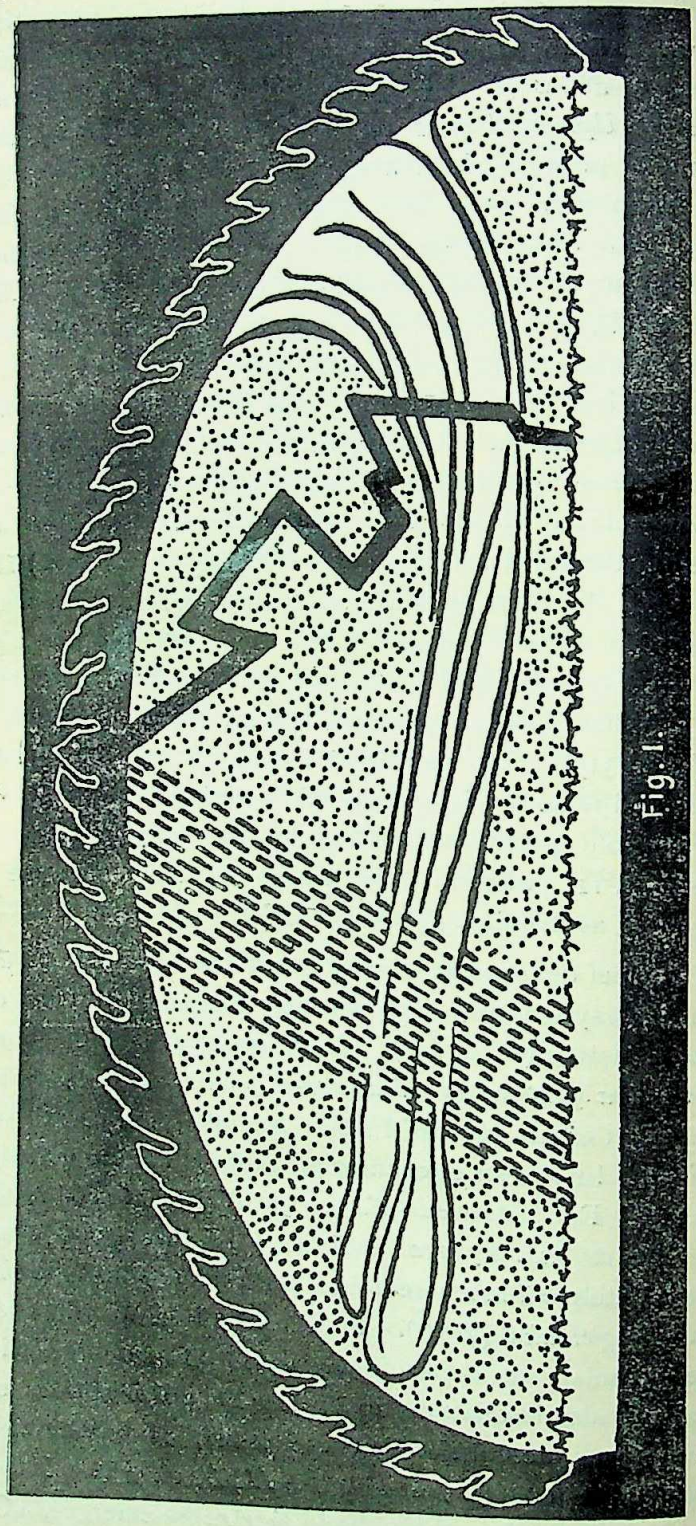

Fig. 1.

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century, which appears only from a modern occidental view as an allegory. But on the other hand, there are enough references for the old times, which limit the life function to the heart and not to the whole body. According to the primitive evolution, which ruled the physio-psychological experience, there are tubes (*nāḍī*), which go out from the heart into the surrounding entrails (*purītat*; i.e. not the pericardium). There are in the *Bṛhadāraṇyaka Upaniṣad* II, 1, *19* already *72000* of them (as in *Yājñavalkya-dh.-ś.* 3, *108*). The great number indicates an old interest in those questions. The fundamental number may be 5, (cf. *śvetāśvarara Upaniṣad* I, *5*), as also mentioned in the *Chāndogya Upaniṣad* III, 13, *1* as tubes (*suṣi*), in reference to the sense functions connected with the 5 *prāṇas*. This combination opens the way to the often employed number 10, as also to the division of the sense functions into 2 double groups. For the senses *MBh* XII, *7780* can be quoted as example.

For the general opinion of the heart as an internal space, an occasional observation of the corpse could be assumed, In *CaS vimāna* 8, *14*, 7/*14*, two (in a text-variation : three) *aṅgulas* are mentioned about the heart. There was an individual measure of the breadth of the finger or thumb, as accentuated expressedly in *CaS* text as also otherwise in use among the Indians (cf. Mitteilungen z.Geschichte d.Medizin etc. 1922, *29-31*). But the text leaves uncertain what is to be measured—probably the cavity of the heart. The assumption should be more warranted, if the professional precepts of medicine had handed down autoptical regulations. The only well known report of a kind of dissection of a humah corpse in *SuS śārīra* 5, *49* is simply attached (with a short commentary) to the doctrines of the bones, ligaments etc., without relation to an exploration of the entrails. For, the text says : '*niṣkṛṣṭ-āntrapurīṣaṃ*' = having removed entrails and excrementious matter. HOERNLE (Studies in the medicine of ancient India, Pt. I, *117*) translates : "excrementious matter from the entrails". This explanation is possible with regard to the rules of grammar, but not to the real situation. It is incredible that the physician could take the excrements out of the intestines of a cadaver, which had been lying in water in the Indian climate for seven days. The situation can even be criticized that *purīṣa* is here not excrement, as mostly named in the medical texts, but the dirty matter of the putrefied entrails. And because diaphragm was unknown to the old Indian physicians, *antras*

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include, at all events, the entrails of chest, the heart and the lungs. All that was only the introduction of the peculiar prescripts of autopsy, which concerns principally the bones in situ. The technic of scrubbing with a whisk etc., not with a knife, proves this, of course in order that the bony parts of the macerated body remain whole. An instruction of a scientific anatomical knowledge of the entrails, and under this heading of the heart, is neither demonstrable nor reconstructable in this often overestimated text of the dissection. For all that, the possibility cannot be constested, that a scientific curiosity may have caused a casual experiment. *MBh* XII, *7405* intimates such a thing, (perhaps also *Divyavadana* (Ed. Cambridge, 1886, *409*). But here an anatomical knowledge is not intended, but that of life functions or of the fire in the body, as the text indicates.

Such lines of thought, which have only been touched upon by few extracts from a very large amount of materials lead to the special text of *CaS sūtra* 30, *1-13*, in the following translation :

1. Now we will explain the chapter about the ten roots on the heart (*artha*).

2. The magnificient (*bhagavant*, epithet. or name) *Ātreya* (descendant of *Atri*) instructed as follows :

3. Ten great roots are attached to *artha*, which produces great (*mahā*—) fruits. The heart (*hṛdaya*) is named *mahat* as well as *artha* by synonyms on the part of the scholars.

4. The six-limbed body, discernment (*vijñāna*), the senses, the fivefold group (*pañcaka*) of their objects (or purposes ; *artha*), the self (*atman*) connected with attributes (*saguṇa*), the mind *cetas*) and its objects (*cintya*) are attached to the heart (*hṛd*).

5. Since *artha* is the standing-place of these *bhavas* (products or organs), the heart (*hṛdaya*) is regarded by experts of *artha* like a centre of curved beams, which support the thatch of dwelling room. It being shaken, causes swoon; it being burst, death.

6. The *dhārin* (conveyor) of sensation (*sparśa*) and discernment (*vijñāna*) is attached there. The seat of the following *ojas* is there and also the accumulation (*saṃgraha*) of consciousness (*caitanya*). Therefore the heart (*hṛdaya*) is named *mahat* and *artha* by the physicians.

(To be continued.)

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चरकसंहिता ।

इन्द्रियस्थानम् ।

BY

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पञ्चमोऽध्यायः ।

पूर्वरूपीयम् ।

CHAPTER V.

1. We shall then discuss about Purvarupeeyam Indriyam or the premonitory conditions of approaching death as reflected through the mind.

2. So says the Seer Atreya :

3. We discuss now about the premonitory conditions of incurable diseases each separately and on its own merit, for the advancement of knowledge of the physicians.

4. A patient, who shows unusually virulent symptoms of disease during the incubation period of fever, is being attacked by death preceded by fever.

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१ । अथातः पूर्वरूपीयमिन्द्रियं व्याख्यास्यामः ।

२ । इति ह स्माह भगवानात्रेयः ॥

३ । पूर्वरूपाण्यसाध्यानां विकाराणां पृथक् पृथक् ।
भिन्नाभिन्नानि वक्ष्यामो भिषजां ज्ञानवृद्धये ॥

४ । पूर्वरूपाणि सर्वाणि ज्वरोक्तान्यतिमात्रया ।
यं विशन्ति विशत्येनं मृत्युर्ज्वरपुरःसरः ॥

५ । अन्यस्यापि च रोगस्य पूर्वरूपाणि यं नरम् ।
विशन्त्येतेन कल्पेन तस्यापि मरणं ध्रुवम् ॥

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5. In the cases of other diseases too, if the premonitory symptoms during the incubation period are unusually virulent, death of the patient of the particular disease he suffers from is sure.

6. Other malignant symptoms of different diseases that bring death in their train will now be dilated upon in detail.

7. If a patient suffering from consumption looses gradually his strength and weight, shows increased running from the nose, expectorates mucus profusely, and also gives himself up in sexual indulgences, it is certain that consumption will lead him to death.

8. A consumptive patient who dreams about his journeying towards the south accompanied either by dogs, or camels, or asses, is sure not to survive.

9. A man dreaming of his partaking of intoxicant liquor in the company of ghosts, or of his being attacked by a dog, suffering from a malignant type of fever, will die.

10. A man seeing the sky very near and as red as *Laksha* or lac, suffering from Rakta-Piththa (hæmoptysis, hæmorrhage, hæmaturhia etc.), dies of that disease.

६। पूर्वरूपैकदेशांस्तु वक्ष्यामोऽन्यान् सुदारुणान्।
ये रोगाननुबध्नन्ति मृत्युर्यैरनुबध्यते॥

७। बलञ्च हीयते यश्च प्रतिश्यायश्च वर्द्धते।
तस्य नारीप्रसक्तस्य शोषोऽन्तायोपजायते॥

८। श्वभिरुष्ट्रैः खरैर्वापि याति यो दक्षिणांदिशम्।
स्वप्ने यक्ष्मा तमाविश्य न जीवन्नवसृज्यते॥

९। प्रेतैस्सह पिबेन्मद्यं स्वप्ने यः क्रुष्यते शुना।
स घोरं ज्वरमासाद्य न जीवेन्न च सृज्यते॥

१०। लाक्षारक्ताम्बराभं यः पश्यत्यम्बरमन्तिकात्।
स रक्तपित्तमासाद्य तेनैवान्ताय नीयते॥

११। रक्तस्रग्रक्तसर्वाङ्गो रक्तवासा मुहुर्हसन्।
य स्वप्ने म्रियते नार्य्या स रक्तं प्राप्य सीदति॥

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11. A man dreaming of having a blood-red garland, of having besmeared his body with blood, of his having born a blood stained cloth and of his being kidnapped by a woman, suffering from Rakhta-Piththa, dies of that disease.

12. A man who suffers from Gulma (tumor) in the abdominal cavity feeling excruciating pain and suffering from tympanitic peristalsis, weakness, and discolouration of nails (Synosis) dies of Gulma.

13. A man dreaming of a terrible creeper having coiled round his chest, suffering from Gulma, will be lead to his death by that disease.

14. A man suffering from skin disease (kushta) feeling extreme pain even at the slight touch of any thing on his body, though the same does not form an ulcer, will die of Kushta.

15. A man dreaming of his naked body having been besmeared with ghee, with a lotus grown on his chest and of his performing *homa* or sacrificial rites before a fire that has no flame, suffering from *kushta* (leprosy), dies of that disease.

16. A man whose body is attacked by flies even though he has just taken his bath, suffering from diabetes will be killed by that disease.

१२। शूलाटोपान्त्रकूजाश्च दौर्ब्बल्यं चातिमात्रया।
नखादिषु च वैवर्ण्यं गुल्मे नान्तकरोग्रहः॥

१३। लता कण्टकिनी यस्य दारुणा हृदिजायते॥
स्वप्ने गुल्मस्तमन्ताय क्रूरो विशति मानवम्॥

१४। कायेऽल्पमपि संस्पृष्टं सुभृशं यस्य दीर्यते।
क्षतानि च न रोहन्ति कुष्ठैर्मृत्युर्हि नस्ति तम्॥

१५। नग्नस्याज्यावसिक्तस्य जुह्वतोऽग्निमनर्चिषम्।
पद्मान्युरसि जायन्ते स्वप्ने कुष्ठैर्मरिष्यतः॥

१६। स्नातानुलिप्तगात्रेऽपि यस्मिन् गृध्यन्ति मक्षिकाः।
स प्रमेहेण संस्पर्शं प्राप्य तेनैव हन्यते॥

१७। स्नेहं बहुविधं स्वप्ने चण्डालैः सह यः पिबन्।
बध्यते स प्रमेहेण स्पृश्यतेऽन्ताय मानवः॥

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17. A man dreaming of his drinking oils of various kinds in the company of *Chandalas* or low-born people, suffering from diabetes, will not survive.

18. A man betraying symptoms and signs of one in a thinking mood or engaged in abnormal activities, showing an exuberance of mental vigour having fits without cause, and feeling weak and indifferent to all things, becomes insane and dies.

19. A man suffering from insanity, having an aversion for food, attacked with facial paralysis, and being a victim to mental aberration, should be considered by wise physicians as one that will die of insanity.

20. A man whose facial expression at times shows feelings of anger, fear, or joy, and of fatigue and thirst, will die becoming insane.

21. A man dreaming of his dancing with demons and diving in water, becoming insane, will leave this world of the living for the other (*i. e.* will die).

22. A man who in a state of wakefulness sees ominous objects and hears various kinds of unpleasant noises of inauspicious beings, will die of *Apasmara* (hysteria, mental troubles etc.).

१८। ध्यानायासौ तथोद्वेगो मोहश्चास्थानसम्भवः।
अरतिर्बलहानिश्च मृत्युरुन्मादपूर्वकः॥

१९। आहारद्वेषिणं पश्यन् लुप्तचित्तमुदर्हितम्।
विद्याद्धीरो मुमुर्षुं तमुन्मादेनातिपातिना॥

२०। क्रोधनं त्रासबहुलं सक्रुत्प्रहसिताननम्।
मूर्च्छापिपासाबहुलं हन्त्युन्मादः शरीरिणम्॥

२१। नृत्यन् रक्षोगणैः सार्द्धं य स्वप्नेऽम्भसि सीदति।
स प्राप्य भृशमुन्मादं याति लोकमतःपरम्॥

२२। असत्तमः पश्यति यः शृणोत्यप्यसतःस्वरान्।
बहून् बहुविधान् जाग्रत् सोऽपस्मारेण बध्यते॥

२३। मत्तं नृत्यन्तमाविश्य प्रेतो हरति यं नरम्।
स्वप्ने हरति तं मृत्युरपस्मारपुरःसरः॥

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23. An individual who dreams of his dancing in a tipsy state, and of being bodily carried away by a ghost will die of *Apasmara*.

24. A man who feels that his buttocks, jugular veins and eyes have become stiff when he wakes himself from sleep will die of convulsion.

25. One who dreams of eating *Shashkuli* or flour of gram etc., and taking cakes made of crushed stuff, and who vomits, when he is awake, particles like those of gram flour or cakes made of crushed stuff, will not survive.

26. An individual who is fully conversant with the premonitory symptoms as explained here will be able to preconclude about the consequences thereof.

27. An individual who has occasion to mark dreams as detailed above or other terrible dreams of different kinds in the case of a patient, should understand that those dreams indicate death or extreme suffering of the patient.

२४। स्तभ्ये ते प्रतिबुद्धस्य हनू मन्ये तथाक्षिणी।
यस्य तं बहिरायामो गृहीत्वा हन्त्यसंशयम्॥

२५। शष्कुलीरप्यपूपान् वै स्वप्ने खादति यो नरः।
स चेत् तादृक् छर्दयति प्रतिबुद्धो न जीवति॥

२६। एतानि पूर्वरूपाणि यः सम्यगवबुध्यते।
स एषामनुबन्धं च फलञ्च ज्ञातुमर्हति॥

२७। य इमांश्चापरान् स्वप्नान् दारुणानुपलक्षयेत्।
व्याधितानां विनाशाय क्लेशाय महतेऽपि वा॥

२८। यस्योत्तमाङ्गे जायन्ते वंशगुल्मलतादयः।
वयांसि च विलीयन्ते स्वप्ने मौण्ड्यमियाच्च यः॥
गृध्रोलूकश्वकाकाद्यैः स्वप्ने यः परिवार्य्यते।
रक्षःप्रेत पिशाच स्त्री चण्डालद्रविताम्बकैः॥
वंशवेत्रलतापाशतृणकण्टकसङ्कटे।
संसज्जति हि यः स्वप्ने यो गच्छन् प्रपतत्यपि॥
भूमौ पांशूपधानायां वल्मीके वार्थभस्मनि।
श्मशानायतनशून्ये स्वप्ने यः प्रविशत्यपि॥

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28-37. Dreams as explained below lead to death in the case of a patient, while in the case of a healthy man they may lead to a precarious condition of life sometimes closing up with death.

Dreaming of bamboos, bushes or creepers grown on one's head or birds flying above the head ; of having shaved the head completely ; of being surrounded by vultures, owls, dogs, crows etc., ; of sitting or moving in the company of demons, ghosts, apparitions, females, *chandals* or lowborn people, runners, and the blind in a place infested with bamboos, canes, creepers, grass and thorns ; of falling down in such a place as described above or on a dusty ground or over a mole hill or in a heap of ashes ; of entering into *smashan* (burial ground or burring ghat) or muddy water or mire or dark well ; of being carried away by current ; of drinking oil or of taking oil-bath ; of vomitting or purging ; of getting gold ; of fighting ; of being captured or vanquished ; of losing a pair of shoes ; of falling down in dust or on hide ; of being joyful, of exchanging abusive language with dead relations ; of falling down or disappearance or decay of teeth, moon, sun, stars, dieties, lamp or eyes : of trees being split asunder ; of seeing a forest of red flowers,

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कलुषेऽम्भसि पङ्के च कूपे वा तमसावृते ।
स्वप्ने मज्जति शीघ्रेण स्रोतसा क्षियते च यः ॥
स्नेहपानं तथाभ्यङ्गः प्रकर्षेनविरेचने ।
हिरण्यलाभः कलहः स्वप्ने बन्धपराजयौ ॥
उपानद्यूगनाशश्च प्रपातः पांसुचर्म्मणोः ।
हर्षः स्वप्ने प्रकुपितैः पितृभिश्चाविभर्त्सनम् ॥
दन्तचन्द्रार्कनक्षत्रदेवतादीपचक्षुषाम् ।
पतनं वा विनाशो वा स्वप्ने भेदो नगस्य वा ॥
रक्तपुष्पं वनं भूमिं पापकर्म्मालयाञ्चिताम् ।
गुहान्धकारसन्बाधं स्वप्ने य प्रविशत्यपि ॥
३७। रक्तमालो हसन्नुच्चैर्दिग्वासा दक्षिणांदिशाम् ॥
दारुणामटवीं स्वप्ने कपियुक्तेन याति वा ॥

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or a place where are situated houses built fot committing evil deeds ; of entering into a pitch-dark cave ; of going towards south with a red garland round the neck and laughing loudly and in a state of nakedness and entering into to a dense forest accompanied by a monkey.

38. The wise consider dreams purporting of seeing people clad in saffron garment, or men of harsh temperaments, or naked persons, or people with long staff, or people of dark complexion, or individuals with blood-red eyes as inauspecious.

39. Dreaming of a woman with dark complexion, with evil propensity having no regard for traditional customs and habits with long hairs, nails and breasts, and with no mark of religious denomination, garland and garment, indicates that death is imminent.

40. In the case of a patient these terrible dreams lead invariably to death, whereas a healthy man dreaming such dreams may perhaps survive after undergoing extreme suffering.

41. A man dreams terrible dreams at times as a result of the aggressiveness of the Tri-doshas or the three vital pinciples namely, *vata*, *pitha* and *kapha*, affecting the nervous and other allied factors that carry thoughts, ideas etc. and a

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३८ । काषायिणामसौम्यानां नग्नानां दण्डधारिणाम् ।
कृष्णानां रक्तनेत्राणां स्वप्ने नेच्छन्ति दर्शनम् ॥

३९ । कृष्णा पापा निराचारा दीर्घकेशनखस्तनी ।
विरागमाल्यवसना स्वप्ने कालनिशा मता ॥

४० । इत्येते दारुणाः स्वप्ना रोगी यैर्याति पञ्चताम् ।
अरोगः संशयं गत्वा कश्चिदेव विमुच्यते ॥

४१ । मनोवहानां पूर्णत्वाद्दोषैरतिबलैस्त्रिभिः ।
स्रोतसां दारुणान् स्वप्नान् काले पश्यति दारुणान् ॥

नातिप्रसन्नः पुरुषः सफलानफलानपि ।
इन्द्रियेशेन मनसा स्वप्नान् पश्यत्यनेकधा ॥

४२ । दृष्टं श्रुतानुभूतञ्च प्रार्थितं कल्पितं तथा ।
भाविकं दोषजञ्चैवस्वप्नं सप्तविधं विदुः ॥

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man who is not in a state of sound sleep sees, through the medium of mind the supreme agent of the *Indriyas* or five senses dreams that may turn out true or false.

42. The wise discern dreams as of seven kinds as described below :—

(I) Drishtam, or dreaming of things that had been seen previously.

(II) Srutam, or dreaming of things that had been heard previously.

(III) Anubhutam, or dreaming of things that had been felt or experienced before.

(IV) Prarthitam, or dreaming of things that had much been desired.

(V) Kalpitham, or dreaming of things that had been preconceived.

(VI) Bhavikam or dreaming or things that will happen.

(VII) Doshajam or dreams caused by the *Doshas* that are not in a state of equilibrium.

43. A physician should know that the first five of the seven kinds of dreams described above do not produce any tangible result. And dreams that are dreamt of during the day time as also dreams that are of very short or long duration do not turn out fruitful.

44. Dreams that occur during the first part of the night (*i.e.*, from 6 to 10 p. m.) are of a little consequence. If a man does not feel sleepy after dreaming, such a dream as he might have dreamt of will immediately be of great consequence.

४३। तत्र पञ्चविधं पूर्वमफलं भिषगादिशेत्।
दिवा स्वप्नमतिक्षुद्रमति दीर्घञ्च बुद्धिमान्॥

४४। दृष्टः प्रथमरात्रे यः स्वप्नः सोऽल्पफलोभवेत्।
न स्वपेद्यः पुनर्दृष्ट्वा स सद्यः स्यान्महाफलः॥

४५। अकल्यागमपि स्वप्नं दृष्ट्वातत्रैव यः पुनः।
पश्येत् सोमं शुभाकारं तस्य विद्याच्छुभं फलम्।

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45. One should know that if an unpleasant dream is succeeded by an auspicious dream, the result of the latter will prevail.

46. A physician who is fully conversant with the *Purvarupas* or the premonitory sings and symptoms of death, and also conversant with the significances of terrible dreams, will not be ignorant enough to engage himself in the treatment of incurable cases.

तत्र श्लोकः ।

४६ । पूर्वरूपाण्यथ स्वप्नान् य इमान् वेत्ति दारुणान् ।
न स मोहानसाध्येषु कर्म्मण्यारभते भिषक् ॥

इति अग्निवेशकृते तन्त्रे चरकप्रतिसंस्कृते इन्द्रियस्थाने पूर्वरूपीयमिन्द्रियं नाम पञ्चमोऽध्यायः ।

GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

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(*Continued from our last issue.*)

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C.—*Wet-Nursing.*

After birth, the child requires independent feeding ; if this is correctly done it grows well ; otherwise it dies an early death ; give the baby mother's milk always, as it is excellent for its growth ; if this is not available, keep two Wet-Nurses (Va.).

Selection of the Wet-Nurse.—For the healthy growth of a child the wet-nurse should be born in the same country, and be of the same caste ; she should be of good character, of respectable parentage, neither fickle, nor garrulous, nor greedy ; be possessed of many good qualities, not in the habit of doing anything that degrades woman in life, of affectionate heart, free from vice (gambling, day-sleep, etc.), of noble disposition, not associating with low-class people, skilled in sewing, pure in mind and body, averse to anything impure (Su.).

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She should be good-looking, free from bodily defects ; neither too old nor too young, neither too thin nor too corpulent, of middle stature, preferably of darkish complexion, and with skin unmarked by moles ; she should have a sweet disposition, be undisposed to lie down in dirty places, never careless, nor fond of sleep (Ch.).

She should be of sound health, fond of children, possessing healthy and living children of her own (and these also male children), having abundance of milk, with breasts that are well-developed, and possess copious milk ; and with breast that are neither too pendulous, nor too contracted (Ch.).

The breast should neither be too high nor too long ; neither too lean nor too plump ; the nipples should be of moderate size and easy to suck (Ch.).

Precautions—For want of a suitable type of nurse, if a child is nursed by any and every woman, it may fall an easy prey to disease owing to the fact of the promiscuous nature of the milk proving uncongenial to its physical temperament (Su.).

A child nursed at the breast of upturned or unprominent nipples is apt to be deformed in features ; extremely pendulous breasts may suffocate the child by covering its mouth and nostrils (Su.)

If the milk of a wet-nurse is not pressed out at the outset, it may produce cough, difficulty of breathing, or vomiting owing to sudden rush of accumulated milk in its throat and choking it (Su.).

A child should not be given the breast of a hungry, aggrieved fatigued, too thin, too corpulent, fevered, or a pregnant woman ; no, of one who has acid dyspepsia or is fond of uncongenial and unhealthy dietary, or whose vital principles are vitiated (Su.).

The Humours of a wet-nurse are aggravated by ingestion or indigestible or incompatible food, or of those articles which derange the Humours ; hence the milk may be vitiated ; means should be devised for the purification of the milk, as well as of the deranged Humours (Su.).

Feeding.—The child should be handed over to her on an auspicious day after washing it, and wrapping it in a clean and untorn linen ; then after pressing out a small quantity of milk and washing the breast, the child should be made to suck the right breast (Su.).

D.—*Galactogogue Treatment.*

(1).—All wines with the exception of that from *Saccharum officinale* ; (2). Vegetables, grown in inhabited places, marshy places

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and in water; herbs with milky juice; milk; grains and meat; food that is liquid, sweet, and sour; (3).—Complete rest; (4).—Drink decoction of *Andropogon muricatus, Saccharum spontaneum, Saccharum cylindrium, Poa cynosuroides* roots, *Panicum utiginosum*, Paddy rice, 'Red' rice(Ch).

The wine 'Sura' is a galactogogue; it increases *Kapha*, builds up tissues and flesh and increases blood (Su.).

E. Artificial Feeding.

Milk is congenial to the organism of a child; hence in the absence of breast-milk, give the child the milk of a cow, or of a she goat in sufficient quantities; prepare cow's milk (1).—with the 'Small Group of Five Roots;' or (2).—with *Desmodium gangeticum* and sugar, to make it of the same quality as that of a goat (Su., Va.).

Goat milk has properties similar to those of cow's milk; it is curative in all diseases, owing to the agile habits of the goat, to its habit of drinking less water, and living on bitter and pungent herbs (Su.).

F. Weaning.

When the baby's teeth erupt, gradually wean it, and give the above-mentioned goat's or cow's milk, and some wholesome light diet (Va.).

After cutting off the breast-milk, (1).—give a bolus of *Pistacia integerrima* seeds, liquorice, honey, fried rice, and sugar; (2)—as an appetiser give a bolus of *Ægle Marmelos*, small variety, *Elettaria Cardamomum, Hordeum hexaticum* flour, fried rice, and sugar; (3).—as astringents give a bolus of *Woodfordia floribunda* flowers, fried rice and sugar (V.)

G. Diet of Children.

In the 6th month after birth, give light and wholesome boiled rice to the child (Su.).

DISORDERS OF BREAST-MILK (OR CONDITIONS AFFECTING THE COMPOSITION OF BREAST-MILK).

These are due to blocking of the milk-ducts, and vitiating of the breast-milk by the aggravated Humours (Ch.).

Causes.

The causes of the aggravation of Humours in the mother are :—(1).—Indigestion due to excessive indulgence in food before the one last taken is digested; unassimilable or incompatible food; or one

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taken at improper times; very sour, saline, acrid, alkaline, or fermented food; food preparations of rice, milk and treacle; food of mixed ingredients; curds, fish, flesh of domesticated and aquatic animals, or of those in marshy places; alcoholic drinks. (2)—Want of exercise; sleeping during the day after meals. (3)—Attempts to stimulate or suppress urgings of the body, e. g., urination, defæcation, etc. (4)—Loss of weight due to affliction of mind and body; anger; passions, anxiety; sleepless nights (Ch.).

Symptoms.

A child fed on vitiated milk of a woman, whose Humours are deranged owing to injudicious and intemperate eating and living, falls an easy prey to physical diseases (Su.).

Kinds of Disorders.

The disorders of milk are :- (I)—Milk vitiated by *Vayu* in the mother has astringent taste and floats on water; (II)—Milk vitiated by *Pitta* is acrid and pungent, is of a yellow colour (blue, or pink in some cases), and floats on water; (III).—Milk vitiated by *Kapha* is thick and slimy, and sinks in water; (IV).—Milk vitiated by all the three Humours has all the above properties; (V).—Milk may be vitiated by adventitious causes (anger, grief, anxiety; injury &c.) (Su.).

The above may further be subdivided into 8 kinds, accord ng to physical characters :—

(I).—Due to aggravation of *Vayu*—(1) —tastelessness. (2).—frothiness, (3).—dryness.

(II).—Due to aggravation of *Pitta*—(4).—discoloration, (5).—fœtid odour.

(III).—Due to aggravation of *Kapha*—(6).—thickness, (7).—sliminess, (8).—heaviness, (Ch.).

General Treatment of the Mother.

Oleaginous medication (*Snehana*), fomentations (*Svedana*), emetics, purgatives, non-oleaginous and oleaginous medicated enemas (*Basti*) should be prescribed according to the predominant Humour (Ch.). Give the mother or wet-nurse, therefore, ghee fats, and oils in suitable quantities; then subject her to fomentations; after that give her agreeable emetics (Ch.).

The emetics are :—(1).—give a paste of *Acorus Calumus*, *Aglaia Roxburghiana*, *Randia dumetorum* fruit, *Holarrhena antidysenterica* seeds, liquorice, and mustard; (2).—decoction of *Melia Azadirachta*, *Trichosanthes dioica* leaves, and salt.

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Administer afterwards suitable liquid diets, and give again the above-mentioned ghee and oil treatment according to the deranged Humours, the season, and the strength of the patient (Ch.).

Then give her suitable purgatives :—(1).—give the decoction of the three myrobalans with the paste of *Convolvulus turpethum*, or of *Terminalia Chebula* ; (2).—give powder of the three myrobalans with honey ; (3).—give cow's urine (Ch.).

After purging the mother properly, start with liquid diets again ; and then give her such food and drinks as are capable of alleviating whatever deranged Humours might yet have remained :—give (I).—'Shali', 'Shashtika,' 'Shymaka', and Kordusha' variety of red paddy ; *Aglaia Roxburghiana* seeds ; barley, wheat ; seeds and sprouts of *Bombax malabaricum* ; sprouts of *Calamus Rotang*, and pulses ; prepare soups of these and add oil or ghee. (2).—Soups of *Phaseolus mungo*, *Cicer lens*, or *Dolichos biflorus* &c. (3).—Give nicely cooked meat of hare, white partridge, and deer. (4)—Wines like 'Sura,' 'Sauvarika,' 'Maireya,' and 'Medaka.' (5)—Decoctions of the paste of leaves of *Melia Azadirachta*, *Calamus Rotang*, sprouts, *Trichosanthes dioica* leaves, *Solanum melangena* fruit, *Phyllanthus Emblica* fruits, *Piper longum* fruit, *P. nigrum*, dry ginger, and 'Saindhava' salt ; this purifies the milk. (6).—Decoction of *Leed hirta*, *Alstonia scholaris* bark, *Physalis flexuosa*. (7)—Decoction of *Picrorhiza Kurrooa*. (8).—Decoction of *Tinospora cordifolia*, *Alstonia scholaris* bark, and dry ginger. (9).—Decoction of *Swertia Chirata*. (10).—Give decoction of *Cissampelos Pareira*, *Cedrus Deodara*, *Cyperus rotundas*, *Sauseuieria zeylanica*, *Tinospora cordifolia*, *Holarrhena antidysenterica* seeds, *Swertia Chirata*, *Picrorhiza Kurrooa*, *Hemidesmus indicus*, and dry ginger. (11).—Decoctions of drugs that are bitter, astringent, pungent, and sweet (Ch.). (12).—Give with honey the powders of *Clematis triloba*, *Piper longum* fruit, *P. nigrum*, ginger, *Terminalia Chebula*, *T. belerica*, barks of *Zizyphus Jujuba* and *Eugenia Jambolana*, *Cedrus Deodara*, *Albizzia Lebbek*, and *Cyclea peltata* (Va.).

Sushruta advises (1).—an immediate draught of ghee to the mother or wet-nurse, and in the evening an emetic of the decoction of *Melia Azadirachta* leaves, *Piper longum* fruit and honey ; next day give her a meal of rice and soup of *Phaseolus Mungo*. Continue this treatment for 3, 4, or 6 days ; (2). - give ghee with powder of *Terminalia Chebula*, *T. belerica*, *Phyllanthus Emblica* ; (3).—give decoction of *Clerodendron serratum*. *Aconitum heterophyllum*,

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Acorus Calamus, Cedrus Deodara, Cyclea peltata, Sanseuieria zeylanica, Picrorhiza Kurrooa, and drugs of 'Cyperus rotundus' group; (4).—give drugs of 'Cassia Fistula' group mixed with honey.

Vitiated milk should be remvod by suction either by the mouth or through a horn (Su.).

Detailed Symptomatology and Therapeutics of Derangements of Breast-Milk.

(*a*) MILK AFFECTED BY VAYU has an astringent after-taste and no particular flavour; it is darkish or red in colour, non-oleaginous, dry, thin, frothy, light, and disagreeable; it causes leanness and increases the tendency to diseases of deranged *Vayu* (Ch.).

General Treatment.

Give the mother or wet-nurse (1).—decoction of the 'Ten Roots' for 3 days; (2)—give for the next three days decoction of *Plumbago zeylanica, Acorus Calamus, Cyclea peltata, Picrorhiza Kurrooa, Saussurea Lappa, Carum copticum, Clerodendron serratum root, Cedrus Deodara, Pinus longifolia, Gymnema sylvestre, Piper longum* fruit, and *P. nigrum*; (3)—then give medicated ghee for subduing *Vayu*; and some light wine; when well-treated with oleaginous medicines, give (4).—a purgative; then (5).—an enema; then (6).—fomentations, anointings, etc. (Va.).

Detailed Treatment.

(I).—*Tasteless Milk.*—The child sucking such milk dislikes it, is emaciated, and grows with difficulty. *Treatment*:—(1)—give the wet-nurse a paste of *Hemidesmus indicus*, dry grapes and liquorice; (2).—a paste of 'Kshira-kakoli' with warm water; (3).—apply to the two breasts a plaster of *Piper longum* fruit and root, *P. Chaba, Plumbago zeylanica, Dolichos biflorus* seeds, and dry ginger; after the paste had dried, wash it off with water, and press out the milk in the breasts (Ch.).

(II).—*Frothiness* is due to *Vayu* agitating the milk in the breasts and making it frothy; the milk is secreted with difficulty; the child's voice becomes weak; there is scanty urine, constipation and flatulence; nasal catarrh and diseases of brain appear. *Treatment*:—(1)—give the wet-nurse a paste of *Cissampelos Pareira, Leea hirta, Sansevieria zeylanica*, and dry ginger, with warm water; (2).—give decoction of *Swertia Chirata, Tinospora cordifolia* and dry ginger; (3).—apply to the breasts as before the

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paste of *Valeriana Hardwickii*, *Pinus Deodara bark*, *Ægle Mermelos roots*, *Aglaia Roxburghiana* seeds ; (4).—apply a plaster of barley, wheat, and mustard seeds (Ch.).

(III).—*Dryness of Milk* is due to *Vayu* drying up the fatty matter of the milk ; the child becomes weak. *Treatment* :—(1).—give the wet-nurse milk or ghee boiled with 'Milk Corrective' drugs ; (2).—apply to the breast agreeably hot plaster of the 'Small Group of Five Roots' as above ; when dry, wash it off and squeeze out the milk (Ch.).

(*b*) *Milk affected by Pitta* has a bitter, sour, or pungent after-taste, and the smell of a decomposing body or of blood ; it is darkish, bluish, yellowish, or reddish in colour, is very heating, and causes diseases of deranged *Pitta* (Ch.).

General Treatment.

Give the wet-nurse and the child (1).—a decoction of *Tinospora cordifolia*, *Asparagus racemosus*, *Trichosanthes cucumerina*, *Melia Azadirachta*, *Santalum album*, *Hemidesmus indicus* ; (2).— a decoction of *Terminalia Chebula*, *T. belerica*, *Phyllanthus Emblica*, *Cyperus rotundus*, *Swertia Chirata*, *Picrorhiza Kurrooa* ; (3).—decoction of drugs of 'Hemidesmus indicus' group ; (4).—of 'Trichosanthes dioica' group or (5).—of 'Nelumbium speciosum' group ; (6).—give medicated ghee to reduce *Pitta*, suitable purgatives, cooling remedies, anointings and plasters (Va.).

Detailed Treatment.

(IV).—*Discolouration* is due to indulgence in hot foods, and entry of *Pitta* Humour into the milk ; the milk is discoloured (blue, yellow, etc.) ; the child's complexion becomes discoloured ; there is much perspiration and thirst ; liquid stools, or part solid and part liquid stools ; the skin is hot ; the child refuses the *breast* ; *Treatment* :—(1).—give the wet-nurse the paste of *Vitex Negando*, 'Kshira-kakoli,' liquorice, and dry resins, with cold water, (2).—apply to the breasts repeatedly as before the paste of resins and liquorice (Ch.).

(V) *Fœtid Smell*.—The child may suffer from anæmia and jaundice ; *Treatment* : (1).—give the wet-nurse a paste of *Rhus succedanea*, *Asclepias geminata*, *Curcuma longa*, *Acorus Calamus*, and the three myrobalans, with water, (2).—give a linctus of *Terminalia Chebula*, *Piper longum*, *P. nigrum*, ginger and honey ;

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(3).—apply a plaster of *Hemidesmus indicus, Andropogon muricatus* roots, *Rubia cordifolia, Dillenia indica roots, Santalum album* ; or apply (4).—a paste of *Cinnamomum Tamala, Pavonia odorata, Santalum album*, and *Andropogon muricatus* roots (Ch.).

(*c*) *Milk affected by Kapha* is very white, very sweet, slimy, ropy, and heavier than water ; it has a salty after taste ; smells of ghee, oil, fat, or marrow, and generates diseases of deranged *Kapha* (Ch.).

General Treatment.

Give the wet nurse a good emetic ; then give the medicated drinks, and (1).—a decoction of drugs of 'Cyperus rotundus' group ; (2).—a decoction of *Valeriana Hardwickii, Cedrus Deodara*, and *Holarrhena antidysenterica* seeds ; (3).—decoction of *Aconitum heterophyllum, Cyperus rotundus. Acorus Calamus, Piper longum* fruit and root, *P. Chaba, Plumbago zeylanica* root and dry ginger (Va.).

Detailed Treatment.

(VI).—*Thick Milk.*—This is due to indulgence in heavy foods; *Kapha* enters the lacteals and makes the milk rich in fats ; the child vomits, strains while passing stool, and has salivation ; the ducts of its body are obstructed ; it is, therefore, always sleepy, slow in movements, has asthma, cough, and nasal discharge. *Treatment* :— Give the wet-nurse to drink with hot water the paste of *Pinus Deodara, Cyperus rotundus, Cissampelos Pareira* and 'Saindhava' salt (Ch.).

(VII).—*Slimy Milk.*—The child secretes much ropy saliva ; there is œdema of the face and of the eyes; and the child looks dull. *Treatment* :—(1).—give the wet-nurse to drink with water the paste of *Leea hirta, Terminalia Chebula. Acorus Calamus* ; (2).—or paste of *Cyperus rotundus, Cissampelos Pareira* and ginger ; (3).—give fermented whey to drink ; (4).—apply to the breasts, as before, the plaster of *Batatas paniculatus, Ægle Marmelos*, and liquorice (Ch.).

(To be continued.)

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Reports of Societies, etc.

—:o:—

THE RAMKRISHNA MISSION CHARITABLE DISPENSARY, Belur Math.

Report for the year 1933.

We beg to place before the public the report of the Ramkrishna Mission Charitable Dispensary at the Mission Headquarters at Belur, Dt. Howrah, for the year 1933.

The dispensary had its humble beginning in the year 1913 with the object of serving the poor and the helpless Narayanas of Belur and its neighbourhood with free medical treatment and other requisite assistance in their physical ailments.

Having worked for the past two decades, it has now become a prominent centre of Medical relief in the district of Howrah.

During the first year of its existence, the dispensary treated 1,099 cases, whereas is 1933 the total number of patients who received medical relief and other kinds of help from it exceeded 8900. This steady increase in the number speaks for the efficiency of treatment as well as the care and conveniences afforded to the patients.

As a matter of fact, its popularity is not confined to Belur alone, but also extends to distant places, as is shown by the fact that patients from Serampore, about 10 miles to the north, and Howrah, about 4 miles to the south of Belur, as also from Alumbazar and other villages on the other side of the Ganges, are attracted to the dispensary, although other hospitals and dispensaries are in existence in those localities.

It dispenses free allopathic and sometimes Ayurvedic medicines to all classes of sufferers without distinction of caste, creed and colour. Women and children are attended to with special care. For the convenience of the poor sufferers, the dispensary supplies two days' medicines at a time, but in the case of patients coming from a considerable distance three days' and sometimes four days' medicines are supplied.

In addition to medical aid, help of various kinds is given to the patients according to their needs, such as diet and warm clothing.

In cases in which the disease is of a serious type and cannot be attended to at this dispensary, arrangements are made to convey the patients to the nearest hospital. In short, the dispensary is always ready to take all measures to help the poor sufferers.

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The total number of new cases treated by the dispensary in the year under review was 8969, besides 20, 348 repetitions of the same.

FINANCIAL POSITION

The total receipts for the year amounted to Rs. 531-5-6 and the total disbursements to Rs. 680-13-0, the deficit having been met from the previous year's balance.

OUR THANKS

We take this opportunity to offer our sincere thanks to all subscribers and donors, sympathisers and well-wishers who have contributed in cash or kind to the dispensary. Without their benevolence it would have been impossible for us to carry on this work of service.

The urgent need of the dispensary is a permanent building with up-to-date modern appliances and other necessary outfit. The cost of the building has been estimated at Rs. 8,000. Part of this amount has already been contributed by some generous friends. We still need Rs. 6,000 to undertake the construction of the building, which cannot be put off any longer. Funds for the general upkeep of the dispensary are also badly wanted.

Our appeal goes in the name of suffering humanity, and we fervently hope that it will touch the hearts of all who are compassionate to their fellow-beings. Will they not contribute their mite in cash or in the form of drugs, medicines and appliances, clothes, blankets, etc, and earn thereby the blessings of the Lord ?

All contributions will be thankfully received and acknowledged by the President or the Secretary of the Ramkrishna Mission, P. O. Belur Math, Dt. Howrah.

APPENDIX A

Comparative statement of the number of patients treated during the years 1926-1933.

	New Cases.	Repeated Cases.	Total.
1926	5060	7166	12,226
1927	7212	14,851	22,063
1928	6227	9980	16,207
1929	9322	15,890	25,212
1930	9416	20,277	29,693
1231	8555	18,822	27,377
1932	8714	23,293	32,007
1933	8969	20,348	29,317

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APPENDIX B

Statement showing the religion, sex and number of patients newly treated during 1933.

Religion		Men	Women	Children	Total
Hindu	...	5328	1101	1190	7619
Muslims	...	852	215	256	1323
Christians	...	10	13	4	27
		6190	1329	1450	8969

APPENDIX C

Statement showing the number of new and repeated cases treated each month in 1933.

Months		New Cases	Repeated Cases	Totat
January	...	705	1854	2559
February	...	548	1391	1939
March	...	864	1469	2333
April	...	661	1582	2243
May	...	842	1795	2637
June	...	616	1095	1711
July	...	840	1917	2757
August	...	779	2871	3650
September	...	635	1182	1817
October	...	897	1745	2642
November	...	838	1937	2795
December	...	725	1510	2234
Total	...	8969	20,348	29,317

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APPENDIX D

Diseases treated during the year 1933.

Diseases	No. of Patients
Malarial Fever	3098
Diseases of the Alimentry System	1444
,, ,, Respiratory ,, ...	785
,, ,, Skin	888
Cases of minor Surgery etc.	563
Diseases of the Eye	252
,, ,, Ear	219
,, ,, Teeth and Gum	161
,, ,, Nervous System	170
,, ,, Genito-urinary System	74
,, ,, Liver	41
General Diseases	811
Venereal ,, ...	198
Gland Enlargement	10
Spleen	102
Cholera	99
Inoculation	36
Tuberculosis	13
Kala-azar	5
Total ...	8969

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APPENDIX E

Statement of Accounts for the year 1933.

Receipts.		Rs.	As.	P.
Donations	...	262	7	9
Bally Municipality grant-in-aid	...	150	0	0
Charity Box collections	...	64	3	9
Interest	...	29	8	0
Sale proceeds of phials	...	25	2	0
		531	5	6
Last year's balance	...	994	0	0
Total	...	1525	5	6

Disbursements.		Rs.	As.	P.
Medicines	...	292	3	3
Workers' expenses	...	154	8	6
Travelling	...	71	4	9
Building repairs	...	32	13	6
For sending patients to Hospitals	...	31	12	0
Printing charges	...	20	10	0
Diet for patients	...	18	5	0
Coolie, boat hire, etc.	...	14	4	9
Miscellaneous	...	14	2	0
Phone charges	...	12	0	0
Stationery and Postage	...	11	14	3
Equipment	...	6	15	0
		680	13	0
Balance in hand	...	844	8	6
Total	...	1525	5	6

(1) Building Fund ... Rs. 2378/-

(2) Permanent Fund ... „ 500/- in 3½% G. P. Notes.

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APPENDIX F.

Contributions in kind.

Messrs. B. K. Paul & Co., Calcutta :
Allopathic medicines worth Rs. 1,000/-

The Bengal Chemical & Pharmaceutical Works Ltd., Calcutta :
Allopathic medicines worth Rs. 145/-

The Bengal Immunity Co., Calcutta ;
Allopathic medicines worth Rs, 141/8/-

The Uniou Drug Co., Calcutta :
Allopathic medicines worth Rs. 116/-

Public Health Department, Government of Bengal :
Sulphate of Quinine 10 lbs 9½ oz ;
Cinchona Febrifuge 2 lbs 2¼ oz. ; Cinchona Tabloids 2 lbs.

The Bactro-Clinical Laboratory Ltd., Calcutta :
Allopathic medicines worth Rs. 66/11/-

The Indian Chemical & Pharmaceutical Works, Calcutta :
Allopathic medicines worth Rs. 27/3/-

The Indian Medical Laboratory, Calcutta :
Allopathic medicines worth Rs. 65/7/-

Messrs K. C. Bose & Co,, Calcutta :
Barley Powder worth Rs. 33/-

Messrs. Sirkar, Gupta & Co., Calcutta :
Allopathic medicines worth Rs. 30/-

Dr. Akhil Ranjan Mazunder M. B., Calcutta 1 book

Messrs Akshoy Kumar Laha & Sons,, Calcutta :
Methylated spirit 1 gallon

Babu Nilmony Lahiri, Barrackpur, Bally ;
Outdoor slip 500 copies
Note-paper 1000 copies

Babu Bankim Chandra Biswas, Howrah :
Sulphate of Quinine 1 lb.

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Dr. Jammi Venkataramanayya Garu, Mylapore, Madras, through Swami Trilochanananda :
Ayurvedic medicines worth Rs. 15/3/-

Babu Amulya Dhan Paul, Calcutta :
Anti-malarial Specific 6 bottles
Sotti food 1 dozen

Dr. Santosh Kumar Mukherjee M. B., Calcutta :
Ihdian Medical Record
Monthly medical Journal 1

Dr. Ram Narayan, Delhi :
Monthly Journal 1

THE MADRAS AYURVEDIC COLLEGE GRADUATES' ASSOCIATION,

Circuiar No. 2. 15th June 1934.

(1) The qualifications of medical officers now employed in District Boards and Municipal institutions of I. Medicine are classifiable under the following categories:—

I. Holders of diplomas of the Govt. I. M. School.

II. Holders of diplomas of private or public institutions of I. Medicine other than the I. M. School.

III. Private Training (either hereditary or under a Guru) as distinguished from Training in a recognized Medical School or College.

(2) The Central Board of I. Medicine meets only twice a year in February and September and in its first meeting held on 5—2—34 at Madras, resolved "Registration of medical officers with qualification given in 2nd category can be made only after the institutions issuing diplomas apply for and obtain recoguition as institutions authorised to issue Registrable diplomas. The Ex-Principal of the Madras Ayurvedic College is to be requested to send the necessary statement with the details necessary for the registration of A. M. A. Cs, as it is learnt that the claims of the A M. A. C's were disregarded on account of the absence of the above required statement. It is

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a pity to note that the claims of those who have undergone adequate training both in theory and practice for 4 years in the Madras Ayurvedic College, the premier institution of the kind in the whole of India, were disregarded on the simple ground that the statement was not received whereas heriditary doctors have been registered on the production of a simple proof certificate of 10 years practice. There are only 2 more meetings before 1st February '35 at which the question of Registration of existing medical officers has to be decided and all required records have to be furnished in time for one or other of these meetings and it is authoritatively announced by the issue of a G. O. that appointment should be made under Rule 3 of the Rules. "Except with special sanction of the Govt, no one other than a practitioner of Indian medicine registered under A Class shall be competent to hold any appointment as medical officer in any institution of Indian medicine maintained or aided by the Govt. or a local body or both."

Therefore under the above mentioned circumstances, the association resolved to send a deputation consisting of the Secretary and Assistant Secretaries with Dr. A. Lakshmipathi B.A., M.B.C.M. to wait on the President, Central Board of Indian Medicine regarding recognition and issue of registrable diplomas and for "A" Class registration to A. M. A. C's.

Further, I am extremely glad to inform that one of our college Graduates, Ayurveda Bhushana Capt. A. N. N. Panniker I.M.S, M B. Ch. B (Edin), M. R C. S. (Eng), L. R. C. P. (Lond), L. M. S. (Hom), L. C. P. & S. (Cal) has kindly consented to be the President of our Association, to lead us and to safe-guard the interests of our college Associates,

Finance of the Association:—I appeal to all the Graduates of our college to remit their annual subscription of one Rupee by the end of this month and become members of the association. Further. I request our wealthy associates to keep the interests of our association at heart and come forward with proper donations.

Up till now only 21 have become members of the association and we appeal to all the graduates to remit their subscription by the end of this month the latest. Without sufficient finance, it is very difficult to turn out any work in the direction.

Work for the year.

1. To issue certificates to members of this association with the signature of the president.

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2. To revive the Journal "Sree Dhanvantari" on behalf on this association.

3. To get the names registered before 1st Feb 1935, as otherwise the appointments of A. M. A. C's may not be secure, according to G. O. 1093 P. H. dated 19th May 1933.

N. B. All members are requested to give their address and to intimate the names of our graduates working in their locality & elsewhere in the Dt, to the Secretary, at Kottapatam, Guntur Dt.

2. A fee of 0—3—0 (Stamps) will be charged to cover the printing & postage etc., for addressing a memorial to the President, Central Board of Indian medicine and the authorities concerned for the purpose of Registration in 'A' class for A. M. A. C's.

3. No reply will be given unless stamps for postage are received.

INCOME AND EXPENDITURE TILL 6—6—34.

Subscriptions collected Rs. 22—0—0

Postage	9—12—3
Stationery	0—9—0
Printing	19—0—0
Travelling	6—0—0
Rs. 22—0—0	Rs. 35—5—3

N. KESAVACHARLU A.M.A.C.,
Secretary.

M. V. SUBBA RAO A M A.C.,
K. KRISTNAYYA A.M.A.C.,
Assistant Secretaries.

A number of Graduates of the Madras Ayurvedic College, headed by the Secretary, N. Kesavacharlu, A. M. A. C. interviewed Vaidya Ratna Dr. C. Sreenivasa Murty, B. A. B. L., M, B. C. M., President of the Central Board of Indian Medicine, Madras at the Government School of Indian Medicine on 2-7-1934 at 2 P. M. in connection with registration,

The principal received them very courteously and promised to consider their claims.

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SPECIAL ANNOUNCEMENT.

WINNERS OF PRIZES IN THE INTERNATIONAL COMPETITION

OFFERED BY

THE NEW HISTORY SOCIETY

For Three Original Papers of 1200 words each by the Students of the Universitses and Professional Schools of South and Central America, Mexico, West Indies and the adjacent Islands, on the subject :

"How can the Youth of the Universities and Professional Schools Contribute to the Reconstruction of the Human Commonwealth ?"

First Prize

THREE HUNDRED DOLLARS

Senor Celso Frota Pessoa (Age 23)

Escola Pelitecnica da Univorsidade Do Rio de Janeiro
Rio de Janeiro, Brazil.

Second Prize

TWO HUNDRED DOLLARS,

Senoritta Martha Garcia Ochoa (Age 21)

Universidad de la Habana,
Havana, Cuba.

Third Prize.

ONE HUNDRED DOLLARS.

Senior Neptali G. Leon (Age 27)

Universidad Contral
Quito, Ecuador.

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Special Prizes

The New History Society takes pleasure in awarding Six Special Prizes of Ten Dollars Each to the following :

Senor Donato Gerardi (Age 21)	Faculdad de Derecho y Ciencias Sociales de la Universidade de Buenos Aires, Argentine.
Senor Roberto Pecach (Age 21)	Faculdad de Derecho y Ciencias Sociales de la Universidade de Buenos Aires, Argentine.
Miss Joan N. Harvey (Age 16)	Mount Saint Agnes Academy, Ireland Island, Hamilton, Bermuda.
Senor T. G. Elio (Age 24)	The University of San Andres, La Paz, Bolivia.
Senor Jose Ramon J. Mejia (Age 20)	Universidade de Santo Domingo, Santo Domingo, Dominican Republic.
Philippe Jocelyn (Age 19)	Lycee Petion, Port-au-Prince, Haiti.

The Competition was opened on November 1, 1933, and closed on February 15, 1934.

The Prizes were awarded by a Committee composed of :

Dr. Ricardo J. Alfaro, Minister of Panama, Washington, D. C.
Devere Allen, Editor, "The World Tomorrow", New York, N. Y.
Dr. Esther J. Crooks, Goucher College, Baltimore, Md.
Miss Frances R. Grant, Vice-President of Roerich Museum, New York.
Hubert C. Herring, Committee on Cultural Relations with Latin America, New York, N. Y.
Dr. Adrian Recinos, Minister of Guatemala, Washington, D. C.
Alberto Rembao, Editor, "La Nueva Democracia", New York, N. Y.
Charles A. Thomson, Foreign Policy Association, New York, N. Y.

The Following Countries Took Part in the Competition :

Argentino	Colombia	Guatemala	Peru
Bermuda	Costa Rica	Haiti	Porto Rico
Bolivia	Cuba	Hondurəs	Salvador
Brazil	Dominican Republic	Mexico	Uruguay
Chile	Ecuador	Nicaragua	

The First, Second and Third Prize Papers will be published in the June, July, and August issues of "New History", the monthly magazine of the New History Society.

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RESULT OF THE INTERNATIONAL COMPETITION

OFFERED BY

THE CARAVAN

(Youth Section of the New History Society)

for Music Composed to the poem,

"THE SONG OF THE CARAVAN"

———

PRIZE: ONE HUNDRED DOLLARS.

———

The Competition was opened on March 1st and closed on May 15th, 1934.

Number of Compositions submitted ... 232

UNITED STATES: Arizona, Arkansas, California, Colorado, Connecticut, Washington D. C., Florida, Georgia, Illinois, Indiana, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	187
CANADA: Alberta, Manitoba, Montreal (Quebec), Ontario, Saskatchewan	18
EUROPE: Austria, Belgium, Denmark, England, France, Germany, Holland, Hungary, Italy, Switzerland ...	25
HAWAII	1
WEST INDIES	1
Total ...	232

The Award Committee will announce the name of the winner at a Gala Night, June 16th, at the Imperial Hotel, 32nd Street and Broadway, New York City, on which occasion the composition chosen will be publicly played for the first time and the prize awarded to the winner.

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iven an undertaking to some members that the question f the State Faculty would not be discussed at the onference.

When the Subject Committee met in the evening

Vol. XI.] August, 1934. [No. 2.

THE ALL-BENGAL AYURVEDIC CONFERENCE: WHY IT BROKE UP

By

Mahamahopadhyaya GANANATH SEN,

Saraswati, M. A., L M. S.,

Calcutta.

As President of the Reception Committee of the All Bengal Ayurvedic Conference held in Calcutta on the 31st March and 1st April, 1934, I owe it to myself and to the public to publish an authentic report of the happenings that led to the so-called breaking up of the Conference on the third day. To speak the truth, the Conference was never 'broken' up by any body but was postponed *sine die* without a sitting on the 3rd day by the President, the late Kaviraj Shyamadas Vachaspati, without any good reason—in my opinion.

I find it imperatively necessary to make this statement for the following reasons: Firstly, because I was the convener of the Conference but had no hand whatever in the postponement which was done by the President without my advice or consent. Secondly, because various misrepresentations of facts (some self-contradictory) have appeared in the press, particularly in the "Journal of Ayurveda", April and June' 34, and the "Ayurveda Sandesh" of Lahore in its June issue, the latter report being based on

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RESULT OF THE INTERNATIONAL COMPETITION

OFFERED BY

THE CARAVAN

Real Facts About The Conference

The All-Bengal Ayurvedic Conference was held at the Albert Hall, Calcutta, on the 31st March and 1st April without any hitch. Although there was a small party of Ayurvedic physicians that did not join the Conference, it was very largely attended by delegates from all the 26 districts of Bengal and by almost all the members of the Reception Committee. The Subject Committee was formed on the evening of the 1st day in the unavoidable absence of the President and my humble self. I regret to assert that the election of members to this Committee was manipulated rather irregularly in our absence. The Subject Committee so formed was neither representative nor constitutional, as it excluded some very prominent members and admitted some student-members 'as Kavirajes' to swell the votes. The Volunteer corps, which consisted of about 150 students of the three Ayurvedic Colleges of Calcutta, went unrepresented, in spite of their repeated demands for some representation. This led to some discontent amongst the students who demanded a consideration of the State Faculty question for their benefit. The Subject Committee sitting on the 2nd day morning ruled out their demand altogether. The same day afternoon as I was presiding over the Conference at the request and in the presence of the President, this matter was brought to my notice by some members and it was decided that the Subject Committee would be re-constituted on a more representative basis the same evening in the presence of the President and myself. The President, however, requested me to hush up the question of the State Faculty. It appeared from his statement to me that he had already

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given an undertaking to some members that the question of the State Faculty would not be discussed at the Conference.

When the Subject Committee met in the evening again, both of us attended the meeting and had almost finished the reconstitution of the Subject Committee when some members of the Volunteer Corps entered the hall and made an uncanny demonstration demanding the consideration of the State Faculty question. They also protested against the inclusion of some students 'as Kavirajes' in the Subject Committee whilst the Volunteer Corps had been refused any representation. At this, Kaviraj Shyamadas grew nervous and left the meeting adjourning the Subject Committee *sine die* whilst I was trying my best to establish peace and order and had almost succeeded to do so.

On the third day at 8 A. M., the announced time of the Conference, the members assembled duly and waited till 9-30 A. M., but Kaviraj Shyamadas did not turn up. He sent a letter stating that as he was indisposed the Conference would be held at 5 P. M. (the same evening). The members of the Conference including my humble self went again to the Hall at the hour, only to find the hall locked up with a notice on the notice-board saying that "owing to fear of rowdism" the President considered it prudent to postpone the Conference *sine die*. The notice was signed by two out of the four secretaries, the two dissenting secretaries informing me with some resentment that they had no hand in this matter.

I need hardly re-iterate therefore that no question of the proposed status of the Ayurvedic practitioners in Bengal was ever raised or discussed either in the Conference or in the Subject Committee ; nor had the subject of status had ever been considered by the proposed Bengal Council & State Faculty of Ayurveda—as their scheduled functions covered only the registration of

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practitioners, the laying down of the syllabus of studies and the holding of examinations and giving diplomas. In a conference of practitioners and well-wishers of Ayurveda presided over by the Hon'ble minister for local self-Government on the 18th and 19th December, 1931, the proposed statutes of the Council & State Faculty of Ayurveda had been discussed thread-bare and settled by the common consent of Kaviraj Shyamadas, myself and a host of prominent Kavirajes of Calcutta and the mofussil. The question of status was never a subject of discussion in that meeting and there never had been any difference between Kaviraj Shyamadas and myself on any clause of the proposed statutes as they stood after amendments. It is strange therefore how he played into the hands of a coterie of people who wanted to manage the All-Bengal Ayurvedic Conference according to their own sweet will. I deeply lament my late friend's action which probably was the precursor of his sad death following upon prolonged ill-health.

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Original Articles

ON THE HEART IN ANCIENT INDIAN MEDICINE.

By

REINHOLD F. G. MULLER.

(*Continued from our last issue.*)

7. Because *mahat* is the root, ten great roots are assumed, the *ojas*-carrying ones are blown out and round about in this body.

8. All creatures, refreshed by this *ojas*, subsist, the life of all beings does not exist without it [sc. *ojas*],

9. which is originally the essence of *garbha* (germ), the juice (*rasa*) from the juice of *garbha* ; which penetrates first into the growing heart (*hṛdaya*) ;

10. by destruction of which destruction arises ; which is the *dhārin* (conveyer) attached on the heart (*hṛdaya*) ; which is the juice of the body ; upon which the fat and the *prāṇas* (breaths) are founded.

11. Its fruits are manifold such as ; because of fructification (lit : springing up, *phal*) [they are named] fruits, because of the blowing blower, because of flowing fluxes, because of streaming streams.

12. He, who cares for this *mahat*, these great roots and this *Ojas*, must especially avoid the causes of mental pain.

13. Diligent attention must be paid to that, which is useful for the heart (*hṛdaya*), clearing *ojas* and the *srotas*, further to mental calm and wisdom (*jñāna*).

A survey shows clearly that a great part of the text, from 8 onwards, concerns *ojas* with some relation to the heart. Also those formations, which correspond to vessels, refer to *ojas*. But the anatomical consideration, as above intimated, is inferior to the functional one, which are based upon the literal origin of the terms. (11). (Incidentally there is in some editions a text

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variation : *vātāḥ* = the winds for *vā tāḥ* = or these ; but the last is correct in reference to the wording of the commentary.) The literal explanation of those terms for vessels cannot be estimated as an unimportant trifle. Without regard to a general importance of modern scientific value of such etymologies, for an Indian perspective those verbal explanations are great arguments, according to their native philological estimation, also in the medical traditions, and offer an insight into the real ideas of the old physicians. The description of *ojas*, in its relationship to that of the heart, ends in a sphere, which appears to be psychological, and evidently touches upon medical interests of higher functions of life, which can be criticised as philosophical components in Indian medicine. If an analysis of such contents is to be attempted, a detailed inquiry with regard to age and situation of texts cannot be avoided.

CaS sūtra 30, *3—13* is metrical, in the form of *ślokas*, from which the naming of *sūtra* has probably arisen, as the end of the chapters and also *CaS sūtra* 30, *28* demonstrate. In *14* the prose text, which treats the origin of *āyurveda* etc., and which ends in *28*, begins. This part cannot be older than the following great *CaS*—index in the verses *29—62* and its sequel. At all events the index must have been composed by *Dṛḍhabala*, who revised and completed *CaS* approximately in the 9th century. The accentuated naming in the kolophon (*sūtra* 30, *81* and after *83*) proves the greatest age for the text part about the heart, further its adjacent arrangement according to the preceding chapter with reference to form and tenor, which contains the ten *āyatanas* (places) of *prāṇas*. This theme is only expressly mentioned in the kolophon, so that also this beginning part of the ten *prāṇas* is older than deductions which follow in *sūtra* 29. Here and in *CaS śārīra 7, 9* there are some discrepancies concerning the ten *āyatanas* ; their being mentioned is only to indicate the difficulty of an analysis of these texts. Added to that a comparison with the other celebrated *Ātreya*—tradition, the *Bheḷa Saṃhitā* (*sutra* 17 and 20), is in this case impossible, because only 28 chapters of *sūtra* are preserved in the single Tanjore manuscript.

The time of the comprehensive collection or first redaction of Indian medical sciences, i. e. the *saṃhitas*, can be established approximately in the middle of the first millennium A. D. (cf. Journal Roy. Asiat. Soc. 1932, *789—814*). But the text continuance of those old traditions, as e. g. in *CaS* and *SuS*, is first

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guaranteed by the commentaries at the beginning of the present millennium. Therefore later supplements and variations must be considered, because not infrequently the texts appear much put together. In this case the first chapter of *SuS* can be quoted as an example (cf. WINTERNITZ—Festschrift). Before the time of the *saṃhita*s an era of fewer treatises must be assumed, as HOERNLE has proved. They are named *tantra*s. In this connection the etymological explanation in *CaS sūtra* 30, *65* does not offer the contradiction, that the naming of *tantra* (compilation) arises because of topics [sc. of the doctrines] having been twined together in it. From the composition, still little explored, the so called philosophical parts of the medicine claim attention for this theme. Their first contents must be separated from later ones, as e. g. from the classical *Sāṃkhya* in *SuS śārīra* 1 or from the *Nyāya* in *CaS vimāna* 8. The old forms are included in treatises, which concern especially the doctrines of the genesis of man, and which correspond more to general ideas of life and world than to a developed philosophy. As is well known, the basis of those doctrines in *CaS* is connected—probably mutually—to those parts of *MBh*, which penetrated this great epos shortly before its redaction therefore in the 5th century or somewhat earlier. DASGUPTA, in his History of Indian Philosophy I, has had regarded to the *CaS* by incidental notes and a survey, in connection with the doctrines of *Pañcaśikha* in *MBh*. But this Indian scholar believed 11 years ago, that the old parts of *CaS* are unitarily composed by the [mythical] physician *Caraka*. Such a supposition can no longer be acknowledged, as already above mentioned. In reference to the philosophy taken here into consideration *CaS sūtra* 8 and 11 includes small treatises, which are placed near to the heart doctrines in the situation of the texts. Without regard to incidental notes or influences of other systems, the chief part of *śārīra*, because of its philosophical preponderance, is perhaps regarded as such a professional tradition (*Ātreyatantra*) in the 14th century by GUNARATNA. This great treatise can be assumed as joined later to the development of the oldest medicine, because here discussions end in valid abridgements, which are absent in the differences in the earlier texts above mentioned. Of course a chronological estimate is not very secure in this case. On the other hand the variations of the separate texts indicate gradual influences of several schools and resemble the same circumstances in *MBh*. But this situation also points to the

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difficult explanation of the opinions about the heart described only shortly in relation to the philosophical doctrines.

In this connection the fundamental idea shows the development of the primary matter to the "great" (*mahant*, otherwise also called *buddhi* = understanding) and further to the "I—maker" (*ahaṃkāra*). The last evolves two tenfold groups of *mahābhūta*s and of *indriya*s (senses), the latter subordinated by the attached *manas* (thinking). In this system corresponding to the philosophical schools in *MBh* without regard to variations, the highest degrees remain in the back-ground under formal and real variations. This situation may be well known to the old physicians. For it is very striking that the (probably) most recent text in *SuS śārīra* 1, *14—15*, though offering a general survey of the perfected *Sāṃkhya*—philosophy, accentuates that the concern of physicians (*cikitsaka*) and the scientific medicine (*āyurveda*) is limited to the last two groups. Their contents like those of the superior degrees are material ones, because of their descent from primary matter. Therfore the bodily ingredients, about the building of which cf. SUDHOFF's Archiv 1934....., are united with those of the sensorial physiology as also *MBh* XII demonstrate in the following :

7779. The juice of man satiate by means of multitude of vessels (*sirā*) wind, bile, phlegm, blood, skin, flesh, sinews and bones, marrow and body [seed ?].

7780. As is well known there are here ten tubes (*dhamani*)—conveying (*vaha*) the five senses (*indriya*) and [their] *guṇa*s (objects)—by which other small tubes are produced a thousandfold.

7781. Therefore the juice-giving (according to the conjecture of DEUSENSTRAUSS : *rasa-dā*) currents nourish the ocean (*sāgara*) of the body seasonably, as the rivers do the ocean (*sāgara*).

7782. And amongst these there is a single vessel (*sirā*) in the middle of the heart (*hṛdaya*), which conveys *manas* (thinking), it releases from all limbs of man the seed (*śukra*) produced by desire.

7783. The vessels connected therewith heat all limbs, [e. g.] they enter the eyes and convey the light—*guṇa*s.

These deductions, because they are included in a philosophical doctrine for deliverance, explain the finishing verses of the heart

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text *CaS sūtra* 30, *12—13* and illustrate the general basis of these opinions. They also have a claim to be considered because the special contents (*4*) do not possess an entirely detailed philosophical system nor parallel text in *CaS*, which guarantee the meaning of the groups of those terms. Three parts can be extracted in *4*: (1) the contrast of body with the psychological function of discernment; (2) the order of senses, their objects, [*guṇa*, (*CaS śārīra* 1, *25* as in *MBh* XII, *7780*) or customary named *arthas*: sound (*śabda*), touch (*sparśa*), look (*rūpa*), taste (*rasa*), smell (*gandha*), as in e. g. *CaS sūtra* 8, *10*] and the *ātman* invested with attributes of life functions (the *bhūtātman* seems to be parallelly employed so in other texts, as e. g. *SuS śārīra* 4, *36*); (3) the mention of the foregoing senses and their objects or thoughts corresponds to *cetas* (thinking, cf. *CaS sūtra* 8, *4*: *manas=cetas=sattva*) and its objects (*chinta*). In this case there is a play upon words, which is important for the meaning of these terms. *Cetas* means literally radiation, and *chinta* is that, which is to be radiated, as e. g. *CaS sūtra* 8, *16* proves: the purpsoe of the mind is that, which is to be radiated (*manasastu chintam arthaḥ*). In *CaS sūtra* 30, *5* the above discussed functions, products or organs, named *bhāvas* (the ones coming into existence) are united in the heart, which is considered in the most usual manner as room, here in a form like perhaps yurts. Generally and approximately the sphere of these ideas touch rather upon the situation in *CaS sūtra* 11, where in *20 ātman*, *indriyas*, *manas*, *arthas*, and *buddhi* [in place of *mahat*] are arranged together. On the other hand, in this chapter a relationship to the heart does not exist. *Ojas* is explained above; if *ojas* is connected with clear or shining (*śuddha*) blood in the heart (*CaS sūtra* 17, *74*) another system is referred to, as mentioned later. The deduction about the vessels is founded on their literal meaning, not on a possibly practical or really anatomical experience. The whole composition of ideas is framed by *mahat* and *artha*, the names of which, *saṃjñā*, may be translated as technical term according to the commentary of *3* and to the text *81*. These terms for the heart, *mahat* and *artha*, seem to exist only in *CaS sūtra* 30. Also the special medical dictionary *Vaidyaka—śabdasindhu* by NAGENDRA NATH SEN, based on old native medical traditions as in texts and dictionaries (*kośa*), takes another quotation. Only in the *MBh* XII, *8999* the term "heart" (*hṛdaya*) is employed in place of *ātman* (*9000*) respectively of the "great" (*mahat*) *ātman* accord-

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ing to *Katha Upaniṣad* 3, *10* located in the heart e. g. *MBh* XIV, *1155*. The fundamental meaning of *artha* is the purposed or intended thing, specialised in the sense-physiology in the direction of objects. *Mahat* corresponds to *buddhi*, as above mentioned. In a free or figurative translation, the terms could mean that the outer and inner world is united in the heart. Finally the roots (*mūla*) and fruits (*phala*) must be considered briefly, the figurative meaning of which preponderates in these relations. But the opinion of the old Indian physicians was more nearly connected with the literal and real meaning, as for instance, those in the philosophical parts of *MBh*, which point to metamorphical senses. The wordings as *phala* and *bīja* (germ) in the case of embryology of *CaS sūtra* 11, *30—32* are closely joined with ideas about the life of plants, which are also established with other principal ideas about the heart, as is demonstrated in the following.

In the *Upaniṣad*-literature, the doctrine, that the heart is a lotos-flower, is very favoured. The oldest quotation of this opinion can be considered as *Atharvaveda* X, 8, *43*, where indeed not the heart, but the whole human body is a lotos-flower (*puṇḍarīka*) with nine doors. Here is the older macro-microcosmos-idea already connected with that of the plant lotos. *Māitrāyaṇa Upaniṣad* 6, *1—2* points to a similar one, viz. that the heart-lotos (*hṛtpuṣkara*) is *ākāśa* (space). This lotos is also the origin or seat of *brahman* in *MBh* XII, *6780* or *13235*. But the relationship of plants was so firmly established among those ideas, that the decisive moment of a delusion in *Jātaka* 208 is caused by the likeness or equality of the heart to a fig, or that the commentator of the sacrificial ritual in *Kātyāyana*'s *Śautra Sūtra* VI, *7, 5* compares the heart with a mango-fruit (cf- SCHWAB, das altindische Thieropfer *126*). In *MBh* XII *9116 ff* (cf. also XIV, *954—6*), based on similar opinions, plants grow in the heart, as in *CaS indriya* 5, *12*. The latter quotation relates to the pathology of prognosis of dreams, certainly taken over from popular ideas, as the dream doctrine of *Svapnacintāmaṇi* by *Jagadeva* (*2, 29* and *35*) proves. But the general reference to the heart is the lotos-flower, as for instance the illustration of the Tantra-Buddhismus show :

(see fig. 2 page 51.)

Here a female demon from the company of *Padmasaṃbhava* holds in her right hand a lotos-heart. And the realistic images of the parts of human sacrifice also demonstrate, apart from blood,

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fat, eyes, nose, ears and tongue in the brainpan, the heart as lotos-bud. Therefore the estimation of the heart as lotos can not be surprising in medical traditions, as *SuS.*

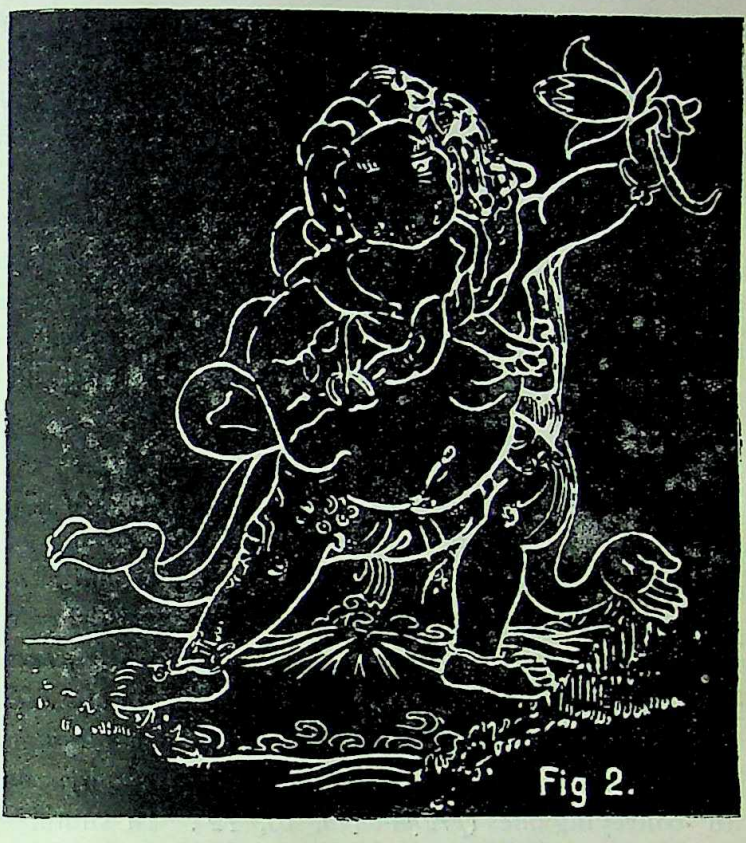

Fig 2.

SuS śārīra 4 theorizes the building of the human body (i. e. of the embryo), as starting not from the *dhātus*, but from the skins and *kalā*s (cf. SUDHOFFs Archiv 1934.....). This description is generally more realistic than that in *CaS* ; such a state of affair could be caused by a surgical experience of the school, where the doctrines of *SuS* originated. But this basis may not be overestimated. With regard to vessels, blood conveying ones (*rakta dhara*) are mentioned within the flesh, which is developed by blood according to the *dhātu*-theory ; and these vessels are connected with liver and spleen, and not with the heart (*SuS śārīra* 4, *10* as *sūtra* 14, *4*). Further *SuS śārīra* 4, *8* names—apart from *dhamani*s and other *srotas*-vessels (*sirā*) and sinews (*snāyu*) together, e. g. in the old anatomical division of *MBh* XII, *10913*, and also on *SuS sūtra* 8, *12* or *śārīra* 6, 15, where the handling of surgical instruments is explained. On the other hand the prescripts of venesection in *SuS sūtra* 14, *26*,

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to avoid injuring vessels (*sira*), which are also here comprehended with sinews (*snāyu*), are astonishing. Under the 20 defective forms of venesection, in *Sus śārīra* 8, *18-19*, names such as *aprasruta* (non-flowing) or *pāriśuṣka* (perfectly dry) are mentioned, as some insecurity with regard to the doctrines of *marmans* (dangered vital parts of body) in *śārīra* 6 demonstrate a want of technical as well as theoretical experience from a modern point of view. It is indubitable that the old *Kāśī* school of *SuS* possessed a great technical development, but also the theories about the blood and its course differ entirely from those of modern medicine. *SuS śārīra* 7 and 9 divides the system of channels corresponding to the four *doṣas*; the attachment of the fourth *doṣa*, of the blood (as already mentioned in the BOWER-manuscript) to the three-*doṣa*-doctrine of wind, bile and phlegm proves that this doctrine had not arisen uniformly, and that the connection with the blood here is not original. For, the vessels convey all *doṣas* (*SuS śārīra 7, 16-17*). A nutrition of the body is compared with the drenching of a field or garden (*SuS śārīra 7, 3*), whereby (in *7, 4* and at the end) the *sirās* do not go out from the heart, but from the navel, also considered as a lotos (*padma*). The origin of the *dhamanis* is supposed to be in the same place (*SuS śārīra* 9, *3*, cf. *MBh* III, *13973-4*), where the channels are manifoldly specialised amongst composed theories, with regard to the heart only also two "breath"-conveying ones (*prāṇa-vaha*, 10, *12*). In summary, the lotos appears as a seat of energetic functions; in the same form also the female organ (*yoni*) is considered in *SuS śārīra* 3, *9*, viz, as lotos-flower, the petals of which are open or closed. The last idea repeats in the heart text of *SuS*, as later demonstrated.

To be continued.

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चरकसंहिता।

इन्द्रियस्थानम्।

BY

A. RAMAN, AYURVEDACHARYA. (A. I. A. V.)

(*Hon. Visiting Physician V. A. M. Hospitals.*)

Calcutta.

षष्ठोऽध्यायः।

कतमानिशरीरीयम्।

CHAPTER VI.

1. Now we shall take up Kathamanishareereeyam Indriyam or the chapter dealing with the conditions of the body of a patient from which a physician can infer about the patient's death.

2. So says the Seer Atreya :

3-4. "Now what kinds of afflicted persons are to be accepted for treatment and what sorts of patients are to be considered as passed the stage of treatment of physicians", thus did Agnivesha ask a difficult question to Atreya, who in reply said as follows :—

१। अथातः कतमानिशरीरीयमिन्द्रियं व्याख्यास्यामः।
इति ह स्माह भगवानात्रेयः॥

२। कतमानि शरीराणि व्याधिमन्ति महामुने।
यानि वैद्यः परिहरेद्येषु कर्म्म न सिध्यति॥
इत्यात्रेयोग्निवेशन प्रश्नं पृष्टः सुदुर्वचम्।
आचचक्षे तथा तस्मै भगवांस्तन्निबोध मे॥

३। यस्य वै भाषमाणस्य रुजत्युर्द्धमुरो भृशम्।
अन्नञ्च च्यवते भुक्तं स्थितञ्चापि न जीर्य्यति॥
बलञ्च हीयते यस्य तृष्णा चाभिप्रवर्द्धते।
जायते हृदि शूलञ्च तं भिषक् परिवर्ज्जयेत्॥

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5-6. A physician should give up the case of a patient who feels extreme pain in the throat, chest, tongue etc. while speaking, who vomits whatever food is taken, or who cannot digest the food properly, who gets weak and weaker day by day and who feels more and more thirsty and develops pain in the heart or chest.

7. Having regard to the instruction of the Seer Atreya, a physician should not give any medicine to a patient who has hiccough seemingly originating from umbilical region and who bleeds profusely through the rectum.

8. The survival of a patient who is weak and has ascites and diarrhoea is doubtful.

9. The life of a patient who has weakness, ascites and thirst comes to an end very soon.

10. A patient who is emaciated and weak, having fever in the morning and suffering incessantly from severe dry-cough is to be considered as good as dead.

४। हिक्का गम्भीरजा यस्य शोणितञ्चातिसार्य्यते।
न तस्मै भेषजं दद्यात् स्मरन्नात्रेयशासनम्।

५। आनाहश्चातिसारश्च यमेतौ दुर्ब्बलं नरम्।
व्याधितं विग्रतो रोगौ दुर्लभं तस्य जीवितम्॥

६। आनाहश्चैव तृष्णा च यमेतौ दुर्ब्बलं नरम्।
विग्रतो विजहत्येनं प्राणानतिचिरान्नरम्॥

७। ज्वरः पौर्वाह्णिको यस्य शुष्कः कासश्च दारुणः।
बलमांसविहीनस्य यथा प्रेतस्तथैव सः॥

८। यस्य मूत्रं पुरीषञ्च ग्रथितं सम्प्रवर्त्तते।
निरूध्यमाणो जठरिणः श्वसनो न स जीवति॥

९। श्वयथुर्यस्य कुक्षिस्थो हस्तपादं विसर्पति।
ज्ञातिसङ्घं स संक्लेश्य तेन रोगेणहन्यते।

१०। श्वयथुर्यस्य पादस्थस्तता स्रस्ते च पिण्डिके।
सीदतश्चाप्युभे शङ्के तं भिषक् परिवर्ज्जयेत्॥

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11. An ascitic patient whose temperature is subnormal and who passes thick and heavy urine (albumin or casts etc. in urine) and fæces, will not live long.

12. A patient who suffering from a swelling over the abdomen or from fluid in the abdominal cavity which gradually spread to his hand and legs, becoming a source of trouble to his relatives will die of that disease.

13. A patient who is suffering from œdema on the legs, whose calf muscles are weak and loose, and whose temples appear to be sunken should be given up by physicians.

14. A physician should not give any medicine to a patient whose hands, legs, abdomen and genital organs are swollen, and who is discoloured, weak and unable to take or digest his food.

15. A patient who incessantly expectorates phlegm in excessive quantity having a blue, yellow or blood-tint colour should be shunned by physicians.

16. A learned physician should give up a patient whose hairs stand erect, whose urine is thick, who has swelling all over the body, and who is emaciated and suffers from respiratory troubles and fever.

११। शूनहस्तं शूनपादं शूनगुह्योदरं नरम्।
क्षीणवर्णबलाहारमौषधैर्नोपपादयेत्॥

१२। उरोयुक्तो बहुश्लेष्मानीलः पीतः सलोहितः।
सततं च्यवते यस्य दुरात्तं परिवर्जयेत्॥

१३। हृष्टरोमा सान्द्रमूत्रः शूनः कासज्वरार्दितः।
क्षीणमांसो नरो दूराद् वर्ज्यो वैद्येन जानता॥

१४। त्रयः प्रकुपिता यस्य दोषाः कष्टाभिलक्षिताः।
कृशस्य बलहीनस्य नास्ति तस्य चिकित्सितम्॥

१५। ज्वरातिसारौ शोफान्ते क्षयगुर्वा तयोःक्षये।
दुर्बलस्य विशेषेण नरस्यान्ताय जायते॥

१६। डम्बरोकुपितोच्छ्वासः प्रत्याख्येयो विजानता॥
पाण्डुरश्च कृशोऽत्यर्थं तृष्णयाभिपरिप्लुतः।

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17. There is no treatment for a patient who is emaciated and weak, and whose three vital principles, viz. *vatha*, *pitha*, and *kapha*, are in a deranged condition.

18. Development of fever and diarrhoea after general anasarca or fever and diarrhoea succeeded by anasarca entails death, especially in the case of a weak patient.

19. A patient who is weak, emaciated and anæmic, constantly feeling extreme thirst, and suffering from respiratory troubles, is to be considered as unfit for treatment.

20. A physician should give up treating a patient whose veins in the temples as also the jugular veins apparently stop functioning, who feels excessive thirst and extreme weakness, and who suffers from respiratory troubles.

21. A weak and emaciated patient who cannot take or digest his food and who constantly extends or folds his limbs without feeling ease or comfort will die shortly.

22. A patient developing diseases from contradistinct causes which, when properly treated, prove contrasting results and get worse and complicated day by day, will die of those diseases in a short time.

23. A man whose strength, power of senses, health, appetite, and flesh and blood wane or get decreased gradually will be brought to an end of his life expeditiously.

१७। हनुमन्याग्रहस्तृष्णा बलभ्रंशोऽति मात्रया।
प्राणाश्चोरसि वर्त्तन्ते यस्य तं परिवर्ज्जयेत्॥

१८। ताम्यत्यायच्छते शर्म्म न किञ्चिदपि विन्दति।
क्षाणमांसबलाहारो सुमूर्षुरचिरान्नरः॥

१९। विरूढयोनयो यस्य विरूढोपक्रमा भृशम्।
वर्द्धन्ते दारुणा रोगाः शीघ्रं शीघ्रं सहन्यते॥

२०। बलं विज्ञानमारोग्यं ग्रहणीमांसशोणितम्।
एतानि यस्य क्षीयन्ते क्षिप्रं क्षिप्रं स हन्यते॥

२१। आरोग्यं हीयते यस्य प्रकृतिः परिहीयते।
सहसा सहसा तस्य मृत्युर्हरति जीवितम्॥

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24. In the case of change of *prakriti* (nature, individuality, demeanour etc.) and loss of health on part of a patient, death snatches away his life within the shortest time.

25. Diseased bodies as have been explained above should be exempted from treatment, in as much as the wise have never derived beneficient results from treating them.

तत्र श्लोकः ।

२२ । इत्येतानि शरीराणि व्याधिमन्ति विवर्ज्जयेत् ।
न ह्येषु धीराः पश्यन्ति सिद्धिं काञ्चिदुपक्रमात् ॥

इति श्रीअग्निवेशकृते तन्त्रे चरक प्रतिसंस्कृते इन्द्रियस्थाने कतमानि शरीरीयमिन्द्रियंनाम षष्ठोध्यायः ॥ ६ ॥

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Chapter VII.

1. We shall now take Pannarupeeyam or the chapter dealing with shades, shadows etc.

2. Thus says the Seer Atreya :

3. A patient who has lost his power of vision or one whose eyes have become dull and cannot see the pupils in others' eyes does not deserve to be medically attended to.

4. A patient whose shadow caused by moon-light, sun-light or lamp, or whose shadow when reflected in water or mirror, shows defects or disfiguration, is as good as dead.

5-6. The shadow of a patient appearing to be parted, broken, mis-shaped, missing, magnified, lost, diminished, dimidiated misformed, or reft of head, as also other disfigurations of like nature indicate evil omen. But if they are so caused without apparent reasons, they will lead a patient to death.

7. A man whose reflection shows a dis-similar appearance in respect of his constitution, height, colour, and brightness, should be considered as good as dead even though he is in normal health.

8. The normal and the abnormal figures can be grouped in three classes, namely diminutive, ordinary and extra-ordinary.

9. The reflection of a figure in water, mirror, sun-light etc. depends on the size and shape of the figure itself. It depends also on colour and light.

10-13. The five elements have their varying nature in regard to reflection ; the sky is clear or dark, glossy or bright ; the air is rough,.....whitish or.....reddish and dim ; the fire appears to be blood-red, glowing and splendid or beautiful to look at ; the water is as clear as pure Vydurya .the costly saphire or oil-like ; the earth is immovable, oily, heavy, glossy, and black or white. Among these those pertaining to vayu or air are undesirable and the qualities pertaining to the other four elements are conducive to happiness ; those pertaining to vayu or air lead to destruction or extreme suffering.

14. Brightness has its origin in fire, and is of seven types viz. red, yellow, white, green. pale white and black.

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15. Of these, those which are very brilliant, oily and widespread are good and auspicious, whereas those that are coarse, dirty, and unclean are inauspicious.

16. Shadow tarnishes the colour : but brightness makes the colour shine. Shadow is seen from close quarters, while brightness exhibits itself even from a distance.

17. There is nothing on earth that has not got its shadow or brightness. In the long run or during the time of death, the brightness and allied shadows indicate the good and evil of a man.

18. A patient whose eyes are yellow as those of a jaundiced patient, whose face is swollen and cheeks are fleshy, who is timid, and whose body is hot, should be given up from being treated.

19. A patient who repeatedly loses his consciousness whenever raised from his bed will not survive seven days.

20. A patient whose disease has become complicated and affected the upper and lower extremities of his body, and whose digestive system has been thoroughly upset will not survive a period of half a month.

21. A physician should avoid treating a patient who is suffering from a chronic disease and is weak and emaciated and who takes very little quantity of food but passes urine and fæces in large quantities.

22. A weak patient taking a large quantity of food and passing urine and fæces in a disproportionately small quantity is as bad as dead.

23. A patient who continues to grow pale and weak inspite of his taking food that is both to his taste and nutrition, will not survive.

24. A weak patient with excessive thirst and dry mouth, inhaling and exhaling with interruption accompanied by an unusual sound, and suffering from diarrhoea, will not survive.

25. Punarvasu, the son of Atri, opines that a patient who inhales with difficulty insufficient quantity of air is to be considered as a dead man.

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26. A patient exhaling heavily and suffering from the effects of excessive *shleshma* (phlegm) or from the derangement of the third vital principle and also growing pale and weak, and unable to take food, will not survive.

27. A patient whose eyes become staring, and jugular veins beat irregularly, who grows weak and excessively thirsty, and whose mouth grows dry will not survive.

28. In the case of a patient whose cheeks are swollen, and who suffers from a severe type of fever and cough, as also from pain in the stomach, and has developed a distaste for food, treatment will not be successful.

29. A patient whose head, face and brows are drooping and whose tongue is furred should be considered as good as dead.

30. A patient whose genital organ is very much retracted while the testicles are drooping without sufficient cause, or the testicles are drawn in while the genital organ is very much protruded, evinces signs of a dead body.

31. A patient whose body has been so much emaciated as to have skin and bone alone left, who is weak and does not take food, will at the most, be alive for a month.

32. One who is conversant with the various *Lakshanas* or signs and symptoms described above, qualifies himself to be styled as Ayurvedavith or a scholar in the science of Ayurveda.

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GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

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(*Continued from our last issue.*)

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(VIII).—*Heavy Milk.*—The milk is also rich in fats ; the child gets heart-disease, and also other diseases due to defective milk ; (1).—give the wet-nurse a decoction of *Ficus heterophylla, Tinospora cordifolia, Melia Azadirachta, Trichosanthes dioica* and the three myrobalans ; (2).—give decoction of *Piper longum* roots, *P. Chaba, Plumbago zeylanica*, and dry ginger ; (3).—apply to the breasts a plaster of *Sida cordifolia, Deca hirta, Sauseviera zeylanica* ; (4).—or a plaster of *Uraria lagopoides and* 'Kshira-kakoli' (Ch.).

(*d*) *Milk affected by the three Humours* (*Sannipataja Kshira*).—It shows the characteristics of all the Humours ; the breast-milk may be lumpy or curdled in appearance. It causes the disease *Kshira-lasaka* (Va.), or *Vichhina* (Sha.) in children, which is mentioned in a further section.

Treatment—Give an emetic to mother and child immediately ; then following the routine of liquid dietary, give to the mother only (1).—decoction of druge of 'Acorus Calamus group ; (2).—decoction of durgs of 'Curcuma longa' group ; (3).—decoction of *Aconitum heterophyllum, Cissampelos Pareira, Picrorhiza Kurrooa, Piper longum* fruit, *Saussurea Lappa*, (*4*).—decoction of *Cissampelos Pareira, Tinospora cordifolia, Swertia Chirata, Picrorhiza Kurrooa, Cedrus Deodara, Hemidesmus indicus, Cyperus rotundus, Clematis triloba* and *Holarrhena antidysenterica* seeds, and ginger (Va.).

(*e*) *Milk Deranged by Adventitious Causes* (*Abhighata*)—Any other defect in the breast-milk should be corrected with reference to the Humour deranged and the season (Su., Va.).

(IX).—*Excess of Milk* causes frequent secretions of milk, inflammation and pain in the breasts ; it is due to excessive use of wines except that of *Saccharum officinarum* ; soup of flesh of animals living in marshy places ; milk ; and plants with milky

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juice ; it is also due to excessive joy, contentment, peace of mind, absence of exertion, and fattening food (Su. Va.). *Treatment* :— Give remedies that will not lessen it below the normal.

(X).—*Suppression or lessening of Milk* is due to anger, grief, absence of natural affection for the child, fasts, exertions, &c. ; the breasts shrink. *Treatment* :—(1).—Give drugs which increase *Kapha* ; (2).—restore the mother's equanimity of mind ; (3)—give as diet,—'Sali' and 'Shashtic' rice, barley, wheat, fish, meat soup, wines, 'Suvarika,' paste of Sesamum seeds, garlic, *Sirpus Kysoor*, *Trapa bispinosa*, lotus-stalks, *Calamus Rotang* tuber, *Bassia longifolia* flowers, *Asparagus racemosus*, 'Nalika' herbs, *Lagenaria vulgaris*, and *Corchorus capsularis* (Su.)

DISEASES OF INFANTS AND CHILDREN.

General Considerations.—Infants and children are prone to diseases like adults, but in a mild degree, and suffer from the same derangements of Humours, Vital Principles (*Dhatu*), Excrements (*Mala*), and diseases. Signs, symptoms, and treatment are likewise similar (Ch.).

Inheritance.—An offspring (a).—of a girl less than 16 years old by a man less than 25 years of age ; (b). of an extremely old man or woman ; or (c).—of one suffering from a chronic affection of the genital organs ; or (d).—of one afflicted with any serious disease usually dies in the womb ; if it is born alive, it dies a premature death or else becomes weak ; diseases due to paternal or meternal factor at the time of conception and to defect in the 'Semen' or the 'Menstrurl Fluid', are leprosy, hæmorrhoids, etc. (Su.).

Malformations. Cretinism and dwarfism are due to derangement of Lymph (*Rasa*) of the enciente, her improper conduct, her ungratified 'longing' ; blindness, deafness, dumbness, nasal voice and monstrosities in the infant are also due to the same cause (Su.).

Attacks of cough, asthma, consumption, or diseases of the child's head, are due to urgings made by the enciente at paturition time, in the absence of real labour-pains (Su.). Enlargement of spleen of the baby may also appear (Ch.).

Symptomatology and Diagnosis.—The severity of the disease in children is known from their cry ; and the disease should be located in the part which the child touches frequently, or which is painful to touch (Ma.). (1) If the seat of the disease is in *the head*, it

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neither raises nor moves the head, and remains with eyes closed ; (2)—*Heart-trouble* is indicated by biting of tongue and lips, dyspnœa, and firm closing of fists (Su.) ; (3).—Diseases of the *digestive system* cause constipation, flatulence, gurgling and distention of abdomen, biting of the nipples of breasts, vomiting, discoloration of complexion, retention of urine, and opisthotonus. (4).—Diseases of *the bladder* cause retention of urine, thirst, pain, and occasional fainting fits ; (5) Diseases of the *rectum* should be suspected if the child is irritable, starts suddenly, is frequently in contact with urine and feces ; and has a vacant look (Ma.). (6).—Disease of *the whole organism* causes constant crying (Su.).

Children mostly get diseases from the vitiated breast-milk of one who takes unwholesome food, is hungry, insane, or pregnant, and whose Humours and *Dhatus* are deranged ; some of the symptoms in children have been already described (Va.).

Dosage.—The Doses of the medicine in children are small. For the lst month, give one *Gunja* weight (*Abrus precatorius seed)* with suitable vehicles like milk, ghee, honey, &c, increase by one *Gunja* for each month of the lst year. In the 2nd year, give 16 Gunja of medicine ; in the 3rd year, 24 Gunja ; and so on (Su.).

Diet and General Treatment.—Always treat the wet nurse as well, according to the predominance of Humours and disease (V.).

Medicines mentioned for any particular disease can be given in adequate doses to a child or infant. Remedies of (1).—mild potency, and (2).—those that do not disintegrate the bodily 'Fat and *Kapha*' should only be used ; these should be given in milk or ghee, while the wet-nurse also should take the same medicine.

In children, who feed on rice and milk, the medicine should be given to both the child and the wet-nurse ; in case of childred who feed on solid food, decoctions should be given to the child only, but not to the wet-nurse.

For a suckling, the breasts of a wet nurse should be plastered with the paste of drugs for the particular malady ; after this is dry, wash off the paste and let the child suck the breast (Su.).

Ghee should not be given in *Vataja* fever on the first day ; in *Pittaja* fever, for the first two days ; in *Kaphaja* fever, for the first three days ; it can be given to children fed on rice and mother's milk, or to those fed on rice alone (Su.).

Precautions.—No breast-feed shauld be given to feverish children ; otherwise symptoms of thirst develop (Su.). Mild and

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sweet medicines should be given to children through mother's or cow's milk; never give medicines, foods, or drinks that are exceedingly fatty, dry, heating, sour, acrid, or heavy, as these are dangerous to infants (Ch.). Unless the disease is serious, emetics, purgatives and enemas should not be given to infants, for they are delicate and dependent on others for their nutrition &c. (Su., Ch.). Infants and children always take milk and ghee; therefore it is not necessary to give them oleaginous medication (*Snehana*); emetics may be given to them immediately; children, who partly suck milk and partly take rice-diet, should be given conjee before an emetic; if a purgative has to be given to a child, better give an enema; give purgatives to the wet-nurse instead (Va.).

Treatment should take into consideration the deranged Humours, the disease, the amount of derangement and its location, in the body, the season, and the country (Va.). A child should not be given the breast until an administered medicine is assimilated in its organism, lest this should cause a violent aggravation of the pharmacological action of the medicine, as well as of the deranged Humours and Excrements (*Mala*) of the body (Su.).

The diseases of infants and children are classified below according to the predominating Humour :—

A. Diseases due to Deranged Vayu :

(1).—*Vataja* disease is due to drinking milk deranged by *Vayu* in the mother; the child has a piping voice, has constipation, is emaciated, has flatulence and micturates with difficulty (Ma.). *Treatment*—Give the child a paste of ghee and powders of *Vanda Roxburghii*, *Carum copticum*, *Pinus longifolia*, *Cedrus Deodara* and sugar (Va.).

(2).—*Upashirshaka* (Fatty Tumour) is a painless swelling on the forehead and of the same colour as the skin (Sha.).

(3).—*Tundi* (Strangulated Umbilical Hernia).—The Navel is swollen and painful; *Treatment*.—Apply *Vayu*-reducing fomentations, medicated oils, poultices, &c. (Su.).

(4).—*Bending of the Palate Bone* is due to local *Vayu* aggravated by waste brain matter; there is thirst and agonising pain. *Treatment* :—Give ghee boiled with drugs of the 'Sweet Drugs' group, and also rub the same on the body; spray cold water on the patient (Su.)

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B. Diseases due to Deranged Pitta ;

(5).—*Pittaja* disease is due to drinking milk deranged by *Pitta* Humour in the mother ; the whole body of the child feels hot ; there is excessive perspiration, thirst, diarrhœa, jaundice, and diseases due to aggravation of *Pitta* ; *treatment* is the same as for the mother (Mo.).

(6).—*Mukhapaka* (Stomatitis).—Severe stomatitis with papules inside. *Treatment* :—Apply gum of *Mangifera indica*, Red Ochre, 'Mandura,' extract of *Berberis asiatica* and honey (Yoga.).

(7).—*Mukhasrava* (continuous salivation, Sha.) ; *Treatment* :—Use decoction of *Hemidesmus indicus*, *Symplocos racemosa*, liquorice, and sesamum seeds as gargle and mouth wash.

(8).—*Gudapaka* (Anal Abscess, Proctitis, Periproctitis)—There is diffuse inflammation and suppuration round the anus of the child. *Treatment* :—*Pitta*-reducing measures and medicines should be given ; *Berberis asiatica* extract, both internally and externally, is very efficacious (Su).

(9).—*Kuranda* (Orchitis)—Children get this disease in the testicles ; do venesection above the ear of the opposite side of the body.—*Treatment* :—(1) give to drink Ferus sulphate and salt mixed with castor oil, and apply the same to the testicle ; it removes the fever as well ; (2).—give oil cooked with cow's milk and bitter *Citrullus Colocynthis* root and *Iris germanica* root ; (3).—tie round the neck of the child the root of white *Vitex Negundo* ; it cures enlargement of one testes, and also teething troubles (Yoga.).

C. Diseases due to Deranged Kapha :

(10), *Kaphaja* disease is due to drinking milk deranged by *Kapha* Humour. The child has excessive salivation, sleeps much, is lethargic, has œdema, is anæmic, vomits frequently, and suffers from diseases due to *Kapha* (Ma.).

Treatment :—Give the child (1).—ghee with 'Saindhava' salt and liquorice, or *Piper longum* fruit ; (2).—apply to its lips and to the breasts of the wet-nurse *Randia dumetorum* flowers and honey paste ; the child vomits easily and is relieved (Va.).

(11) *Talukantaka* (Pharyngitis, Inflamation of the Uvula)—It is due to derangement of *Kapha* in the fleshy part of the palate of the child ; a hollow forms in the palate which is very pliable. The child refuses to suck ; and if it does, it does so with great difficulty. The soft palate drops down ; there is diarrhœa ; the

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child cannot support its head ; whatever milk it might have sucked is vomited out. There is thirst, pain in eyes, throat, and mouth ; it has itchy sensation ;

Treatment :—(1).—push up the soft palate with finger, and apply alkali of barley shoots and honey ; (2).—rub on the part, powder of *Piper longum* fruit, ginger, extract of cowdung, and 'Saindhava' salt ; (3)—apply to the soft palate, face and also to the eyes, the juice of the paste of *Curcuma longa*, *Exlipta prostrata*, and ginger tied up in leaves of *Ficus bengalensis*, covered with cowdung and cooked over a fire ; (4).—give with the breast-milk, a paste of *Terminalia Chebula*, *Acorus Calamus*, *Saussurea Lappa*, and honey (Va.).

(12).—*Gatrashosa* (Marasmus).—This is due to drinking breast-milk vitiated by deranged *Kapha* in the mother ; also by sleep during day-time and drinking very cool water ; the Lymph carrying ducts (*Rasa-vahini*) in the child are blocked by *Kapha*, there is loss of taste, coryza, fever, bronchitis, and emaciation ; the face and eyes look pale and shiny (Va.).

Treatment :—(1).—If there is emaciation and loss of appetite, give 'Saindhava' salt, *Piper longum*, *P. nigrum*, ginger, *Caesarpinia Bonducella*, *Cissampelos Pareira*, *Anthocephalus Cadamba*, with honey and ghee ; (2).—give with ghee the powders of the bark of *Saraca indica*, *Pierorhiza Kurrooa*, *Piper longum* root and fruit, *P. Chaba*, *Plumbago zeylanica* and ginger ; (3).—or powder of *Zizyphus Jujuba*, *Woodfordia floribunda* flowers, and *Phyllanthus Emblica* ; (4).—give ghee medicated with powders of *Desmodium gangeticum*, *Acorus Calamus*, *Solanum*, *Indicum*, S. *xanthocarpum*, *Piper longum*, *Tabernaemontana dichotoma*, *Calamus Rotang*, *Nymphœa alba*, *Boerhaavia diffusa*, *Clerodendron serratum*, and *Cyperus rotundus* ; (5).—give ghee cooked with the paste of *Solanum indicum*, *Physalis somnifera*, *Ocimum sanctum*, *Piper longum* fruit ; this also cleans the ducts (Va.).

D. Diseases due to Derangement of Kapha and Blood :

(13) —*Ahiputana* ; Syn.—*Matrikadosha* (Va.) ; *Prashtaru* ; *Gudakutta-Anamika* ; (Pruritis ani, Napkin rash).—A sort of itch-like eruption appearing about the anus of a child owing to a deposit of urine, perspiration and feces, &c., due to neglect in cleaning the part ; the eruptions are due to *Kapha* and 'Blood, have an eczematous character, exude a purulent discharge ; it spreads and

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coalesces, and is difficult to cure (Su.). Bhoja mentions that this disease is due to deranged breast milk ; there is constipation ; itching, and burning pain ; boils appear (Ma.). Vagbhata considers it to be due to impaction of feces in the rectum, or from perspiration round about the anus ; or from wiping of the parts after defæcation and urination ; or it may be due to bathing (Va.)

Treatment :—Purify the breast-milk of the mother first ; (1).—give the mother ghee cooked with the three myrobalans, extract of *Berberis asiatica*, *Trichosanthes dioica* (Su,) ; (2).—give in water previously warmed and cooled, some honey and extract of *Berberis asiatica*, and (3).—apply the same to the ulcer (Va.). (4).—Wash the ulcer with a decoction of three myrobalans, *Acacia Catechu* bark and *Zizyphus Jujuba* bark ; (5).—apply plasters of iron-sulphate, ox-bile, copper-sulphate, realgar, orpiment, and extract of *Berberis asiatica* ground in conjee ; and (6).—apply the powder of same to the ulcer (Su.). (7).—Dust with a pulverised compound of a burnt earthen-pot and sulphate of copper ; (8).—apply powder of liquorice, conch-shell, crude antimony-sulphide. (9).—Powder of *Hemidesmus indicus* and conch-shell ; (10).—of bark of *Terminalia tomentosa* (Va.).

If there is too much itching and the ulcer is red, apply leeches to remove blood and give remedies as for 'ulcer' deranged with *Pitta* Humour (Va.).

E. Diseases due to Derangement of Kapha and Vayu :

(14).—*Milk deranged* by two Humours shows symptoms of those two Humours (Ma.).

(15).—*Ajagallika*.—A disease peculiar to infants ; pimples and eruptions, shaped like *Phaseolus Mungo* seed, appear on the body ; they are glossy, knotty, and painless (Su.). They have the same colour as the skin and are smooth. *Treatment* :—Before it gets ripe, apply leeches, and remove the bad blood (Va.).

F. Diseases due to Derangement of the Three Humours :

(16).—*Sannipataja* disease is due to millk affected by all the Humours ; there is a mixture of all the foregoing symptoms ; treatment is the same as for the mother (Ma.).

(17).—*Padmaruna* ; Syn.—*Mahapadma-visarpa* (Ma.). *Parshwaruna* (Erysipelas)—These are inflammations of skin like those of Erysipelas, in the head or the bladder region ; it either originates

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in the head-area and, extending across the eyes and face, reaches the heart-region ; or originating in the bladder-region, it reaches the heart-region, and goes back again to the anal-region ; the colour is like that of a red lotus flower ; it proves fatal to the child (Ma).

(18).—*Kshiralasaka* is a disease due to milk affected by the *Three Humours* ; the breast-milk may be lumpy or curdled in appearance (*Sannipataja-kshira*). The child has fœtid, watery stools with undigested food ; the stool is of varied colour, frothy, part solid and part liquid ; there is much abdominal pain ; the urine is yellow or white, and thick ; there is fever, thirst, loss of taste, vomiting, retching, yawning, pains in the body, tossing of limbs and restlessness, tremors, giddiness, rhinitis, conjunctivitis, and stomatitis ; similar other diseases appear. The treatment for mother and child is mentioned above under *Sannipataja-milk* (Va.).

(19).—*Kukunaka* (Acute Blenorrhæa of the New-Born ; Ulcerative Blepharitis).—A peculiar disease of the eyelids of infants due to the *Three Humours* (Sannipata), and is curable ; there is excessive itching, constant lachrymation, and photophobia ; the child rubs its eyes, nose, forehead, &c. ; vitiated condition of mother's milk brings it on ; it occurs at teething time ; the eyes are red and inflamed ; the eyelids are painful and stick to each other (Va.).

G. Diseases due to each of the Humours Separately.

(20).—*Ashmari* (Vesical Calculus).—Infants are very susceptible to an attack of any of the three types of *Ashmari* (*Kaphaja*, *Pittaja* and *Vataja*), as they are fond of sleep, or of food with wholesome and unwholesome ingredients, eat before the previous food is digested, and take heavy, sweet, and emollient food ; the bladder of children is of small size and poor in muscles ; the stone can be easily grappled and extracted in the children (Su.).

(21).—*Mrigi-roga* ; *Apasmara* ; (Convulsions).—Partaking of filthy, impure, incompatible, and uncongenial articles of diet causes this disease ; the sense carrying channels of the body are overwhelmed by the concerted action of the deranged Humours, and cause the patient to become unconscious and forgetful of all past memories ; he writhes in agony, throws his hands and legs in convulsive jerks, has contracted eyes and eye-brows ; he gnashes his teeth and foams at the mouth ; after a time, consciousness returns ; treatment should be as for insanity (*Unmada*) (Su.). Treat with cooling remedies ; give as errhine, powders of *Acorus Calamus*, *Piper*

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longum, ginger, and 'Saindhava' salt ; or the errhine of juice of the leaves of *Sesbania grandiflora* and *Piper longum* ; keep the patient moving about ; brand the forehead and the top of the head (Ha.).

H. Unclassified Diseases.

(22).—*Dantodbheda* (Teeth originate from the bone and marrow principles ; they fall off after a time owing to deficiency in their principles and perfect teeth erupt again ; old men do not get new set of teeth (V. Va). At the teething time, children get all sorts of diseases, but specially fever, diarrhœa, bronchitis, vomiting, headache, conjunctivitis, trachoma, and erysipelas ; there is no complaint that may not appear at teething time (Va.). There may be thirst, delirium, asthma, dysentery, and erysipelas as well (V. Va.).

(23).—*Danta-ghat* is the fever or any other complaint that appears when the milk-teeth are falling, and permanent teeth are appearing ; another variety is due to injury (Ad.).

(24).—*Danta-shabda* is the sound that a sleeping child makes on account of grinding of teeth (Sha.).

(25).—*Akala-danta* are the fevers, &c-, that appear when the teeth of children fall off before their due period, and new teeth are appearing (Sha.).

Treatment :—Never give troublesome treatment, nor put the children on strict diet ; for, as soon as teeth erupt, these diseases disappear ;—(1).—apply to the gums of the children (while teething) the powder of the flowers of *Piper longum* or *Woodfordia floribunda*, *Phyllanthus Emblica* ; teeth come up quicker. (2).—Mix the dried flesh of Quail and Partridge with honey and rub the gums with it ; the teeth appear early. (3).—Give by mouth, ghee cooked with *Acorus Calamus*, root of *Solanum xanthocarpum* and *Solanum indicum*, *Cissampelos Pareira root*, *Picrorhiza Kurrooa*, *Aconitum heterophyllum*, Cyperus rotundus, and drugs of 'Madhura' group ; this is a good remedy for teeth coming up ; (4).—give with honey or ghee the powders of *Curcuma longa*, *Cedrus Deodara*, *Pinus longifolia*, *Plantago amplexicaulis*, *Solanum indicum*, *S. xanthocarpum*, *Uraria lagopoides* and *Fœniculum vulgare* ; it is useful in all diseases of children ; it is a stomachic ; it removes flatulence, cures dysentery, fever, asthma, jaundice, anæmia, and bronchitis ; it is a a tonic, and it improves complexion. (5).—*Remedy of Kashyap Senior* for various diseases in connection with teething ; prepare a decoction of *Rubia cordifolia*, *Woodfordia floribunda* flowers,

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Symplocos racemosa, *Cleosanthes indica*, *Sida carpinifolia*, *Grangea madraspatana*, *Phaseolus trilobus*, raw *Aegle Marmelos* fruits, *Gossypium herbaceum* ; add milk and buttermilk ; and cook with ghee (Va.).

(26).—*Utphulla-roga* (Peritonitis ?).—There is much pain, dyspnœa and bulging out of the abdomen ; *Treatment* :—(1).—treat the mother for derangements in breast-milk ; (2).—give the child (and to the mother as well to cure the child's fever) the decoction of the root and fruit of *Aegle Marmelos*, *Cissampelos Pareira*, *Piper longum*, *P. nigrum*, *Solanum indicum*, *S. xanthocarpum*, ginger and sugar ; (3).—apply leeches to abdomen of the child to remove blood ; (4).—give very hot fomentation ; (5).—brand the part with a hot rod to cause round blebs on abdomen (Ha.).

(27).—*Parigharbhika*.—This is due to drinking breast-milk of an enciente. There is bronchitis, vomiting, loss of taste, and appetite, distention of abdoman, droping of eyelids, great emaciation, shiny skin, and mind-wandering. Stomachic remedies should be used (Ma).

(28).—*Earth-eating*.—Habitual earth-eating gives rise to diseases like anæmia, œdema, asthma, cough ; dysentery, worms, vomiting, fits of unconsciousness, loss of appetite (V. Va). *Treatment* :—Give ghee cooked with *Cissampelos pareira*, *Embelia Ribes*, *Curcuma longa*, *Berberis asiatica*, *Cyperus rotundus*. *Clerodendron serratum root*, *Bœrhaavia diffusa*, *Aegle Marmelos* fruit, *Piper longum*, *P. nigrum*; *Gymnema sylvestre* fruit, and ginger (Va.).

(29).—*Shayya-mutra*.—The child wets its bed in sleep during day or night (Sha.).

(30).—*Rodana* (Crying).—The child becomes too irritable and always cries ; one can know from the cry the intensible pain ; the physician should examine all the parts of the child very carefully (Ma.). Give with honey and ghee the powder of *Piper nigrum* and the three myrobalans ; it is a good sedative,

(31) *Choraka* (Dysentery).—The child gets severe symptoms of dysentery, vomiting, flatulence, gurgling voice in the throat ; respiration is feeble ; apply to the head, palms and soles the white of an egg ; if not cured, keep the child exceedingly clean, and give a decoction of *Cyperus tuberosus*; *C. rotundus*, *Melia Azadirachta* bark, *Trichosanthes cucumerina*, *Phyllanthus Emblica* ; this cures all fevers &c. (Nathasidha).

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(32).—*Daurbalya.*—This is any disease which causes the child to become weak (Sha.). *Treatment* :— (1).—give ghee cooked with liquorice, *Piper longum* fruit, *Symplocos racemosa*, *Prunus pudum*, *Nymphœa stellatta*, *Santalum album*, *Taxus baccata* leaf, and *Hemidesmus indicus* ; (2).—give ghee cooked with soup of hare's head, and the paste of *Pistacia integerrima*, *Clerodendron serratum*, *Piper longum* fruit, *Cedrus Deodara*, *Physalis somnifera*, *Vanda Roxburghii*, *Phaseolus trilobus*, *Embelia Ribes*, liquorice, 'Kakoli,' 'Rishabhaka,' and 'Jivaka' ; (3).—apply to the body oil cooked with the paste of *Acorus Calamus*, *Phyllanthus Emblica*, *Valeriana Hardwickii*, *Terminalia Chebula*, *Carum copticum*, urine of goat, and wine (Va.).

(33).—*Congenital hœmorrhoids* are due to defects in the 'Semen' and ovum of the parents, whose deranged Humours should be properly treated (Su.).

(34).—*Vomiting of milk after sucking.*— *Treatment* :—(I).—give a linctus of ghee, honey, and powders of *Solanum xanthocarpum*, *S. indicum* fruits, *Piper longum* fruit and root, *P. Chaba*, *Plumbago zeylanica* and ginger ; (2).—give with honey and ghee the powders of *Piper longum*, *Embelia Ribes*, *Melia Azadirachta*, and the five salts ; (3).—give with honey and ghee the powder of *Piper longum* fruit, *P. nigrum*, and ginger : (4).—give ghee cooked with the decoction of *Acacia Catechu*, *Terminalia tomentosa*, *Taxus baccata* leaf, *Saussurea Lappa*, *Santalum album*, and milk ; (5).—give with honey and ghee the charred powder of hair, skin, feathers, of cat, boar, peacock, &c. (Va.).

(35).—*Miscellaneous* (*Vomiting, Fever, and Bronchitis of Children*).—*Treatment* :—(1).—give with honey the powders of *Pistacia integerrima*, *Piper longum*, *Aconitum heterophyllum* ; (2).—give honey and powder of *Aconitum heterophyllum* (Va.).

Whatevet be the disease in the child, the mother or wet-nurse should apply the paste of appropriate treatment to her own breast for one hour, wash it out afterwards and then take the baby to suck (Va.).

(*To be continued.*)

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Reports of Societies, etc.

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निखिलभारतयुर्वादविद्यापीठस्य

१८३४ संवत्सरीय:

परीक्षोदर्क: ।

—:o—

परीक्षानाम प्रवेशिता:	उत्तीर्णा:	उत्तीर्णयोग: सर्वोत्तमस्य			
क्षात्रा:	प्रथम-द्वितीय-तृतीयश्रेण्याम्				क्रमांक:
आचार्य	८३	१	४	१२	१७	५५
विशारद	३४०	०	३	६४	६७	१५५
भिषक्	५६४	३	१८	८६	१०८	४३१

सर्वपरीक्षासु ८८७

संवत्सरचतुष्टयस्य तुलनात्मक: परीक्षोदर्क: ।

संवत्सर: (सन)	आचार्यपरीक्षा उपस्थिता:	उत्तीर्णा:	विशारद उपस्थिता:	उत्तीर्णा:	भिषक् उपस्थिता:	उत्तीर्णा:	सर्वे उपस्थिता:	उत्तीर्णा:
१८३१	५८	५	२४६	३७	३४४	८४	६४८	१२६
१८३२	६६	६	२७८	३४	३७६	१०४	७११	१४४
१८३३	६०	८	३१४	६४	४४८	१५८	८२३	२३०
१८३४	८३	१७	३४०	६७	५६४	१०८	८८७	१८०

आयुर्वेदमहामण्डलकार्यालय:
पुण्यपत्तनम् (पूना २)

भिषगाचार्य: त्र्यम्बकशास्त्री आपटे,
विद्यापीठमन्त्री ।

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१९३४ आयुर्वेदाचार्यपरीक्षोत्तीर्णाः ।

क्रमांकः	केन्द्रम्	नाम	उत्तीर्णश्रेणीः
२	अजमेर	त्रिपाठी हरिहरशर्मा सुंदरलालजी	तृतीया
७	इन्दौर	जैन अनंतराज लक्ष्मीचंन्द	द्वितीया
१२	कानपूर	जुह्योतियावा वृंदावनत्रिपाठी शिवप्रसाद	तृतीया
२३	देहली	गौड भोलानंदशर्मा नाथुरामजी	,,
२४	,,	गौड मुरारीलालशर्मा भगवानसहायजी	,,
२५	,,	त्रिपाठी पावनीप्रसादशर्मा गंगाप्रसाद	,,
३२	पूना	जोशी वेणीमाधव बालकृष्ण	,,
३५	,,	सातमाई मुरलीधर रामचंद्र	,,
४२	वांकीपूर	पांडेय सरयू रामाशिष	,,
४७	वेज्ञवाडा	बेंपटि कोटीश्वरशास्त्री वेंकटनरसय्य	,,
४८	मथुरा	चतुर्वेद चक्रपाणी झुआराम	,,
५३	राजमहेंद्री	चावली राममूर्त्तिशास्त्री कामशास्त्री	तृतीया
५४	रावलपिंडी	पुरुषोत्तमदत्त नथुरामशास्त्री	द्वितीया
५५	,,	भारद्वाज नरेंद्रनाथशर्मा मिहीरचंद	प्रथमा
५६	लखनऊ	कौंदेय जयचंद माणिक्यचंद	तृतीया
६८	शिमोगा	कोतकुर्शि रामय्यर नारायणय्यर	,,
७३	हृषीकेश	चौहान सूरतसिंहवर्मा देवीसिंह	द्वितीया

१७

१९३४ आयुर्वेदविशारदपरीक्षोत्तीर्णाः ।

क्रमांकः	केन्द्रम्	नाम	उत्तीर्णश्रेणीः
१	अजमेर	ओझा मोहनलाल ओंकारमल	तृतीया
६	,,	त्रिपाठी गिरधरशर्मा गंगादत्तजी	,,
१३	,,	पुरोहित मोहनलाल वंशीधरजी	,,
१७	,,	व्यास राधावल्लभशर्मा वृंदावनजी	,,
२६	अमरावती	गांधी श्यामराव नारायण	,,

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क्रमांक:	केन्द्रम्	नाम	उत्तीर्णश्रेणी:
३१	अमरावती	जोशी अनंत बालकृष्ण	तृतीया
३४	,,	जोशी नारायण माधव	,,
३५	,,	जोशी पुंडलिक सदाशिव	,,
३८	,,	जोशी माधव वसवंत	,,
४१	,,	तारे पुरुषोत्तम रघुनाथ	,,
४६	,,	देशपांडे देवीदास रामकृष्ण	,,
५०	,,	विंड पुंडलीक काशीनाथ	,,
५६	,,	सरमुकदम लक्ष्मण कृष्णराव	,,
६६	कलकत्ता	गौड परमेश्वरप्रसाद श्रीरामजी	,,
६८	,,	जोशी दुर्गाप्रसाद हरीवल्लजी	,,
७२	,,	मिश्र दुर्गादत्त जयदेवजी	,,
७८	,,	अबस्थी रामबली कालकाप्रसाद	,,
८४	कानपूर	दीक्षित सदाशिवशर्मा रामदयालु	,,
८५	,,	दीक्षित हरनाथ महाराजदीन	,,
१०२	,,	मिश्र रघुनंदनप्रसाद नारायणप्रसाद	,,
१२२	ग्वालिकर	पारीक रामनारायण जयकृष्णशर्मा	,,
१३८	जबलपूर	शेंडये भालचंद्र केशव	द्वितीया
१४०	,,	संत गंगाधर लक्ष्मण	तृतीया
१४२	देहली	गौड शंभूदत्तशर्मा नारायणदत्तशर्मा	,,
१४५	,,	निरंजनलालशर्मा रामचंद्रशर्मा	,,
१५१	,,	हरीद्रदत्तशर्मा रविदत्तजोशर्मा	,,
१५४	नागपूर	जोशी गंगाधर बालाजी	,,
१५५	,,	दीक्षित महादेव बालकृष्ण	द्वितीया
१६८	प्रयाग	गौड कल्याणदत्त शुकदेवजी	तृतीया
१७१	,,	त्रिपाठी कमलाकांत भगवानप्रसाद	,,
१७८	बनारस	देशपांडे नीलकंठ देवराव	,,
१८१	,,	भारद्वाज रामचंद्र पुरुषोत्तम सुंद्रियाल	,,
१८४	,,	मिश्र बाबूराम तुलसीराम	,,
१८६	बंबई	कानिटकर दिनकर केशव	,,

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क्रमांकः	केन्द्रम्	नाम	उंत्तीर्णश्रेणीः
२०२	बीकानेर	कलावटिया निरंजनशर्मा मदनलालजी	तृतीया
२०५	,,	गोड गुणन्नप्रसाद मनसारामजी	,,
२२३	बेज्नवाडा	कोंडुरु सीतारामशास्त्री रामलिंगय्य	,,
२२६	,,	गाडेपलि शिवरामशास्त्री कोटीश्वरराव धावुलू	,,
२२८	,,	चिवुकुल राममूर्तिशर्मा वेंकटेश्वरशास्त्री	,,
३२५	,,	विश्वनाथ वेंकट चयनुड लक्ष्मीनारायणजी	,,
२४५	मथुरा	जैन अजितवीर्य वंशीधर	,,
२५३	,,	सनाढ्य शालिग्रामशर्मा शिवप्रसाद	,,
२५४	,,	सारस्वत ब्रजभूषण देवाचार्य्य श्यामलाल	,,
२६०	राजमहेंद्री	गोटुमुकुल रामकृष्णशास्त्री नरसिंह	,,
२६२	,,	मैलवरपु वेंकटसुब्रह्मण्यशास्त्री रामय्य	,,
२६८	लखनऊ	जैन मौंजीलाल चुन्नीलाल	,,
२७०	,,	द्विवेदी गुरुदत्त ब्रह्मादीन	,,
२७३	,,	त्रिपाठी दयाशंकर विहारीप्रसाद	,,
२७८	,,	द्विवेदी रामनारायण बलदेवप्रसाद	,,
२८१	,,	मिश्र ओंकारप्रसाद जगन्नाथजी	,,
२८२	,,	मिश्र राधेश्याम देवीदयाल	,,
१८४	,,	मिश्र रामशंकर मन्नूलाल	,,
२८६	,,	वाजपेयी शंभुदयाल रामरत्न	,,
२८७	,,	शुक्ल गयाप्रसाद गंगासहाय	,,
३०६	,,	शुक्ल सधारीलाल छेदालाल	,,
३०८	लाहौर	जोशी किशोरचंद्र अर्जुनदत्त	,,
३१२	हृषीकेश	करडवाल लालमणिशर्मा गंगादत्तजी	,,
३१४	,,	काश्यप रणवीरशर्मा इंद्रसिंहजीतराव	,,
३१७	,,	गौड भगवानदत्त कूडेराम	द्वितीया
३१८	,,	गौड शालिग्रामशर्मा मनोहरलाल	तृतीया
३२२	,,	नागर आत्माराम परमानंद	,,
३२४	,,	बहुगुण कपिलदेव सुरेशानंद	,,

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क्रमांक	केन्द्रम्	नाम	उत्तीर्णश्रेणी:
३२७	हृषीकेश	भट्ट पीतांबरदत्त प्रभाकर	तृतीया
३२८	,,	मिश्र देवदत्त श्रीरामशर्मा	,,
३३०	,,	शांडिल्य वासुदेव कांचीदत्त	,,
३३३	,,	सहस्रावदीच्य गंगाविष्णुशर्मा लालताप्रसाद	,,
६७			

१९३४ आयुर्वेदभिषक्परीक्षोत्तीर्णाः ।

क्रमांक	केन्द्रम्	नाम	उत्तीर्णश्रेणी:
१	अजमेर	अग्रवाल जयनारायण सूरजमलजी	तृतीया
१६	,,	दाधीच सागरमल आनंदीलालजी	,,
१७	,,	नृत्यगोपाल ललितमोहन	द्वितीया
१८	,,	पाडा जगदीशप्रसाद नंदलालशर्मा	तृतीया
२२	,,	पारीकपुरोहित देवकरणशर्मा चंदनलालजी	,,
३०	,,	व्यास धन्नालाल रामचंद्रजी	,,
३६	अमरावती	दपकल भैयालाल रामनारायण	,,
४०	,,	पवार गोपाल धनाजी	द्वितीया
५७	अहमदाबाद	पंडित काशीनाथ जटाशंकर	तृतीया
५८	,,	भट्ट अनंतराय लक्ष्मीशंकर	द्वितीया
६१	,,	मुले दत्तात्रय बलवंत	तृतीया
६४	,,	वैद्य कान्तीशंकर हरजीवन	,,
६६	,,	व्यास दुर्गाशंकर देवकृष्ण	द्वितीया
७५	,,	शाह विठलदास भाईचंद	तृतीया
१			
८७	इन्दोर	दक्षणे भगवत्शरण शंकरलालजी	,,
८८	,,	नागदे काशीप्रसाद केशवराम	प्रथमा
८९	,,	पाराशर श्रीकृष्ण कुंजीलाल	तृतीया
९८	,,	वैद्य पंढरीनाथ गोपाल	,,
१०२	कराची	आसरपोटा टोपतदास उधवदास	,,

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क्रमांक	केन्द्रम्	नाम	उत्तीर्णश्रेणी:
११२	कानपूर	अयोध्यावासी दरबारीलाल गुलजारी	द्वितीया
११४	,,	अवस्थी लक्ष्मीप्रसाद रामसेवक	तृतीया
११८	,,	पांडेय विंदाप्रसाद महादेवप्रसाद	,,
१२६	कोलम्बो	फर्नांडो डी, एल्मिस	,,
१२७	,,	फर्नांडो एस्, पीटर	,,
१२८	,,	फर्नांडो डी, रिचर्ड	,,
१४४	जबलपूर	रमेशचंद्र चुन्नीलाल	,,
१४६	देहली	उमरावदत्तशर्मा माडूराम	,,
१५२	,,	गौड बादामसिंह चेतरामजी	,,
१५६	,,	गौड शिवचरणशर्मा बाबूरामजी	,,
१६०	,,	भट्ट रजनीकान्त मधुसूदनजी	द्वितीया
१६२	,,	मिश्र गंगादत्त चंडीप्रसाद	तृतीया
१६४	,,	व्यास पुंडरीकप्रसाद बद्रीनाथजी	,,
१६५	नागपूर	ओझा दुर्गाशंकर अम्बाराम	,,
१७०	,,	पाराशर एकनाथ सीताराम	,,
१७१	,,	भट्ट कांतीलाल मूलशंकर	,,
१७४	नाशिक	कानडे दगुअप्पा शंकरअप्पा	,,
१७५	,,	कुलकर्णी मुरलीधर गणेश	,,
१७६	,,	खेकाले श्रीकृष्ण गणेश	,,
१७८	,,	बारवकर श्रीपत बापूराव	,,
१८०	,,	बेलापूरकर माधव रघुनाथ	,,
१८२	पूना	असलेकर दत्तात्रय अनंत	द्वितीया
१८६	,,	देशपांडे रघुनाथ गोपाल	तृतीया
१८४	प्रयाग	गुप्त कृष्णदत्त बौरुरामजी	द्वितीया
१८८	,,	नत्थू सिंह भोलासिंह	तृतीया
२०२	,,	पांडेय गमाहेत रामरतन	,,
२०४	,,	वैश्य गणेशदास गुप्त रामनिड	,,
२०८	,,	सुकूल यज्ञनारायण बदरीनाथ	,,
२१०	बंगलोर	राचोतय्य एच्, एम्	,,

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क्रमांकः	केन्द्रम्	नाम	उत्तीर्णश्रेणीः
२११	बनारस	उपाध्यय जगन्नाथप्रसाद रामप्रसाद	तृतीया
२१५	बम्बई	उपाध्याय द्लेराम क्ष्माराम	द्वितीया
२१९	,,	श्रलकर्णी श्रीनिवास केशव	तृतीया
२२२	,,	जोशी अच्युत भार्गव	,,
२३९	,,	वेदक सदानंद शांतराम	,,
२४०	,,	शेवडे विश्वनाथ वापू	,,
३४२	,,	हलदणकर रामचंद्र गोपाल	,,
२४३	बांकीपूर	जायसवाल शीतलप्रसाद खाणोमहन्ती	,,
२४७	बीकानेर	आर्य रिसालसिंहशर्मा रामजीलाल	,,
२५३	बेह्यवाडा	अकलंकं लक्ष्मीनरसिंहाचार्यलु शेषाचार्य	,,
२७७	,,	चीदेक राघवशास्त्री गुरुहिंगशास्त्री	द्वितीया
२९९	,,	वृन्दावनं वेंकटनारायणाचार्य केशवाचार्य	तृतीया
३००	,,	बोहुपल्लि शूर्यनारायण वीरराघवस्य	,,
३०२	,,	भट्ट पेनुमूर्त्ति कामेश्वररावु काकुलस्वामी	,,
३१७	,,	बासीरड्डी सूर्यनारायण वीरस्य	,,
३२५	,,	सरस्वतुल राममूर्त्ति सुवरावु	,,
३२८	,,	हरि सूर्यनारायणशास्त्री पद्यानाभशास्त्री	,,
३३१	मथुरा	कटारा बाबूलालशर्मा गोपीनाथशर्मा	,,
३३७	,,	पाठक हलधरसहाय मदनमोहनलाल	,,
३३८	,,	पुरोहित गोवर्धनलाल भोरीलाल	द्वितीया
३४०	,,	भारद्वाज भैरवलालशर्मा कल्लीरामशर्मा	,,
३६१	राजमहेंद्री	अयल्लरी सुब्रह्मण्यं मृत्युंजयलुगारु	,,
३६८	,,	जंगा नागभूषणराव चलपतिराव	,,
३७५	,,	भैरवभोट्ल सुब्रह्मण्यं शेषय्यगारु	,,
३८४	,,	वेलिदी वेंकटसुब्रह्मण्यं ब्रह्मय्यगारु	,,
३८५	,,	नेल्लिमर्ल वेंकटसत्यनारायण अप्पन्ना	,,
३			
३१६	रावलपिंडी	गोस्वामी रामचंद्र गिरीधारीलाल	द्वितीया

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क्रमांकः	केन्द्रम्	नाम्	उत्तीर्णश्रेणीः
३८७	रावलपिंडी	जोहर भंगलसैन लाला दिवानचंदजी	तृतीया
३९१	,,	रतनचंद्रवर्मा विषणदासजी	,,
३१२	,,	सोमदत्त गणेशदास	द्वितीया
३९८	लखनऊ	त्रिपाठी देवतादीन रामनारायण	तृतीया
४००	,,	त्रिपाठी महादेवप्रसाद सुखदेवप्रसाद	,,
४०८	,,	बाबूरामशर्मा प्यारेलाल	,,
४१२	,,	मेहरोत्रा सूर्यनारायण रूपलालजी	द्वितीया
४१५	,,	शुक्ल देवदत्त खमोदयालु	,,
४१७	,,	शुक्ल शांतीदेवी बैजनाथ	,,
४२१	लाहोर	चोपडा मदनमोहन केसरीसिंहजी	,,
४२२	,,	चौबेलाल दुर्गादत्तशर्मा अयोध्याप्रसादजी	तृतीया
४२६	,,	भाटिया रामलाल गंगारामजी	,,
४३०	,,	शुक्ल रुद्रनाथशर्मा छोटुराम	द्वितीया
४३१	,,	सारस्वत भगवानदासशर्मा श्रीकंठजी	प्रथमा
४३२	,,	सुंदर देवराजशर्मा भक्तरामजी	तृतीया
४३६	शिमोगा	बायिरी कृष्ण नारायण	प्रथमा
४३८	,,	स्वामी शिवय्य चन्नबसवय्य	तृतीया
४४०	हृषीकेश	कपूर खूषबलराय आत्मानंद	द्वितीया
४४३	,,	कंडवाल महानंदशर्मा बद्रीदत्त	तृतीया
४४४	,,	खुराना रामनारायण ढालुरामजी	,,
४६४	,,	थपलियाह सुरेशानंद गोकलदेव	,,
४७८	,,	मूलचंदवर्मा दौलतराम	,,
४८३	,,	बमेटा चंद्रमणीशर्मा बचीरामजी	,,
४८४	,,	वाजपेयी बालादीनशर्मा शिवरत्नलाल	,,
४८५	,,	वाशिष्ठ तारादत्तशर्मा (सत्यपाल) प्रेमदेवजी	,,
४९१	,,	चत्रो (भलहोत्रा) दीनदयाल लाला चिमनलाल	,,
४९१	,,	खुबचंदशर्मा रामचंद्रशर्मा	,,

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क्रमांक:	केन्द्रम्	नाम	उत्तीर्णश्रेणी:
४८८	नेल्लोर	किष्टिपाटि बालिरड्डी रामिरेड्डी	तृतीया
५०१	,,	कोंड्राजू पट्टाभिरामरावु नरसिंहय्य	,,
५०२	,,	कंटे नारायण देसाई सोमय्य	,,
५०८	,,	चक्किराल राजगोपाल लक्ष्मीनरसिंह	,,
५२५	,,	वंडि शेषाचलपति वेंकटरामय्य	,,
५३८	,,	सीतंराजु सुब्बरावु प्रसादरावु	,,

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परीक्षार्थिओंके लिये सूचना.

विद्यापीठके परीक्षार्थिओंने निम्नलिखित बातोंपर अवश्य ध्यान देना चाहिये।

१। आचार्य और विशारद परीक्षाओंमें शुद्ध संस्कृत भाषाज्ञानकी (लिखनेमें तथा बोलनेमें) बडी आवश्यकता हैं। इसके अभावसे बहोतसे परीक्षार्थी वंचित हो जाते है।

२। सब परीक्षाओंमें यथाप्रश्न उचित उत्तर लिखना चाहिये। अप्रष्टप्रश्नोत्तर बहुतही लिखे तो कुछ गुण नही प्राप्त होते है।

३। कोई विद्यार्थी उत्तरमें केवल ग्रांथिक भाग उद्धृत करते है। उसमें पृष्ट अपृष्ट सबकुछ लिखते है। ध्यान देना चाहिये कि जितना आवश्यक हो उतनाही उतारा देना, व्याकरण दृष्टीसे शुद्ध देना, और अपने शब्दोंके साथही देना, परीक्षकको मालुम होना चाहिये कि विषय समझकर लिखा गया है।

४। इस सालके उत्तीर्ण परीक्षार्थीओंको प्रमाणपत्रे २४ वाँ वैद्यसम्मेलन समय सभापतिके करकमलोंसे उपस्थित स्नातकोंको दिये जायेंगे। इतर स्नातकोंको प्रमाणपत्रें पोष्टद्वारा भेज दी जायेगी। इसके लिये हरेक स्नातकनें आठ आना और अपना पत्ता (सुवाच्य) भेजना चाहिये।

५। नियमावलीमें कुपे हुवे पुनःसंशोधन नियमपर सब परीक्षार्थी अवश्य ध्यान दें।

६। सन १८३५ को प्रचलितही पाठ्यक्रम रहेगा कुछ परिवर्त्तन नही हैं।

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Here and There

The Journal of Ayurveda has already completed its 10th year of existence and has just stepped into its eleventh year of existence with the hope of serving its constituents to the best of its ability.

The past year was really very gloomy not only for India but also for Ayurveda. The All Bengal Ayurvedic Conference, already commented upon in our April and June 1934 issues, could not come to a happy termination for reasons already known to our readers. We are, however, glad to have been able to publish a true account of the facts in this connection from the pen of M. M. Gananath Sen, M.A., L M.S, Saraswati, President of the Reception Committee of the said Conference. In this connection we cannot help saying that the statement of facts regarding the Conference, published in our June issue over the name of Kaviraj M. K. Mukherjee, Jt. Secretary, Exhibition Committee, is not entirely flawless. We are sure that our readers will now be able to form a correct idea about the matter and forget the past.

Bengal has lost one of her great sons in the sad and untimely death of Sir C. C. Ghose, late Chief Justice, Calcutta High Court and an Executive Councillor designate, the latter post being refused by him for reasons of health.

Sir C. C. Ghosh was a successful law-yer and a great jurist and Bengal expected much from him after retirement. But as ill luck would have it, he died too young

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and while in harness. He was much below sixty at the time of death. As a justice of the High Court, he was honest, upright and just. We offer our heartfelt condolence to the bereaved family.

The present economical condition of India, especially of Bengal, does not seem to be at all improving. What with the present trade-depression, what with the famous Ottawa Pact and what the present economical policy of the Government, the economical condition of the massess of India is gradually becoming worse. Besides heavy customs duty and Postal rates, even match boxes—a thing of everyday necessity for the rich and the poor alike—have not been spared. In this case the tax is so heavy that price of the commodity will become almost doubled. Economy has also been effected in papers used for currency notes. But inspite of all this, condition of the country is going from bad to worse.

We hear of conferences, resolutions and many other tall talks regarding the solution of unemployment among the educated young men. Government has also been requested to open up new avenues of industry for employing these unemployed young men and thus to co-operate with the people. We also hear that Government has appointed an enquiring committee in response to public request. Let us hope something at least will come out of all this show, although we are rather pessimistic about such committees and associations.

Political unrest, robberies and other allied offences are but outward symptoms of a hungry and discontented people. Give food to the hungry, employment to the unemployed, shelter to the unsheltered and all these offences will vanish, as if by magic Employment under the Government and other public bodies does not always go by the test of merit but often by recommendation. It is not rare that while qualified educated men cannot secure a service under the Government and

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other public bodies, men of inferior merit without any qualification get into these services quite easily, merely because they have the good luck of having influential backing in the departments concerned. It is not therefore unlikely that the question of solving the unemployment problem from this side is not very promising, as the present unemployed are surely those luckless fellows without any influential backing. Such being the case, the condition of the country has been quite anomalous. The rich are becoming richer while the poor poorer, thus helping concentration of wealth—a menance to business and rehabilitation of mass economy.

In our opinion, if the Government co-operation for solving this important problem is genuine, they should take courage in both hands and dismiss or force to retire on nominal pension all unqualified and less educated workers from their staff and appoint in their place educated unemployed young men in a new lower scale of pay. This will not only solve the problem of unemployment and that of unrest as a corollary, but will also go a long way in solving their own economial problems, which they are now solving by taxing poor match-boxes, Postal articles and currency notes. According to the Indian tradition, a king is an incarnation of God himself and this is why they wish that their king will stand by them at the time of distress and when they see any deviation from this order of things, they get irritated and take to means, not at all suited to the spirit of an Indian soul. Let us hope our Government will try to judge the problem from various stand-points and chalk out a plan suitable for all.

We are glad to announce in this connection that our popular minister Lt. Sir Bejoy Prasad Singha Roy, Kt. paid a visit to the Vishwanath Ayurvedic College Hospital and had a talk with Mahamahopadhyaya Kaviraj Gananath Sen, M. A., L. M. S. regarding the question of

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faculty of Ayurveda. We understand that the Government of Bengal is ready to recognise Ayurveda and grant faculty to same, provided the initial cost for creating a board is borne by the public. The cost is not much for our Mahamahopadhyaya and it may be conveniently hoped that the question of recognition of Ayurveda in Bengal will be an accomplished fact. We also thank our popular minister for this generous act as also for his contribution of Rs. 1000/- towards the cause.

We hear that Calcutta Corporation has opened a new department under the name and style of Mosquito Brigade in order to fight against mosquitoes due to the prevalence of Malaria in the City. The department, it is understood, is a part of the Health department and is being run by Dr. K. L. Choudhury and is manned adequately. The Corporation spends lots of money, of course supplied by the rate-payers, under this head, but the result so far has been quite negligible. Malaria is as prevalent, if not more, as it was before the creation of this august department. Mosquitoes also do not seem to be at all terrified and do not show any the least sign of diminishing in number. On the contrary they are growing in number every day, as if nothing has happened to countract their growth. The fact is that the Mosquito Brigade, established by the Corporation, are not working properly and exist rather as a parasite to eat up rate payers' money. The truth will become apparent even to the casual observer if he cares to see the filthy spots on vacant plots of land beside any street or lane, which may be taken as suitable breeding places for these mosquitoes. It is also a fact that these Brigade men do not visit even their wards regularly, not to speak of houses individually. However we hope the Corporation will see to the matter seriously, so that the people may get full benefit for the money spent.

H. N. C.

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Original Articles

GAYADASA

(1050 A. D.).

By

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

BHISAGACARYA.

Calcutta.

Gayadasa is mentioned as one of the sources of the *Nibandhasamgraha*, the well-known commentary on the *Susrutasamhita*, by Dallanacarya. He is called a *Paniikakara* and is named with Bhaskara jointly as *Paniikakarau.*

He is frequently quoted by Dallanacarye in his *Nibandhasamgraha*.—'Gayadasa there times and Gayi forty-nine times, altogether fifty two times (not fifty one as pointed out by Jolly, p. 114—Hoernle.) In the list of quotations cited by Dallana in the printed edition of the *Nibandhasamgraha*, I have found out the number far in excesy of what is suggested by Jolly and Hoernle. On actual calculation, I found the number as follows.—

Gavadasa or Gayadasacary,-quoted		...	87	times.
Gayi	„	...	138	„
Paniika or Paniikakara	„	...	33	„
Vrhat Panjika ...	...	...	1	„
Mahapanjika ...	...	...	2	„
Candrikakara ...	...	...	2	„

As *Candrika* or *Panjika* refer to Gayadasa as its author, we get the total number of references to Gayadasa to be two hundred and sixty three times.

Gayadasa's works.—

1. *Nyayacandrika*, or *Candrika* or *Panjika.*—As the numerous quotations from him, in the commentaries of Dallana, Viiaya

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Raksita and Srikanthadatta show that his commentary called *Nyayacandrika*, extended over the whole of the text book of Susruta. (Hoernle. J. R. A. S., p 193, 1906). Only two portions of it, however, have up to now been discovered. These are.—

I. *Nidanasthana* (Pathology).—See Dr. Cordier's *Recentes Decouvertes* p. 13.

II. *Sarirasthana* (Anatomy)—See Jolly's Paper in the J. O S., Vol. lvii, pp. 114-16, in which is described the unique *Mss. Cambaidge University Library. Add.* 2491.

"The most interesting point in Gayadasa's commentary is the evidence it affords that he often read a text different from the now accepted vulgate, printed by Jibananda. Some of these variations are large and important, while others are trivial. Hoernle gives many instances (See *J. R. A. S.*, 1906, pp. 293-302) of it.

Gayadasa's date.—

"As to Gayi's date, he must of course, as professor Jolly points out (p. 116), be older than Dallana, who frequently quotes him. In addition, I suspect that he must have been a contemporary of Cakrapanidatta for both authors, not infrequently quote Bhoja, but neither of them ever quotes the other. Provisionally, therefore Gavadasa's date may be taken to be about 1050 A. D. (See Hoernle. *J. R, A. S.*, 1906, P. 302).

Author's memtioned in Gayadasa,s commentary.—

See Jolly's List p. 116.

Hoernle adds.—

Cakusay (—Videha)	...	fol. 28a, 1. 7.
Dhanvantari ...	...	fol. 2a, 1. 2.
Gotama ...	...	fal. 29b, 1. 6.
Manu ...	...	fol. 28b, 1. 7.
Puskalavata ...	...	fol. 50b, 1. 6.
Videha ...	...	fol. 29a, I, 10.
Kumaratantra ...	...	fol. 31b, 1. 4.
		fol. 75b, 1. 4.
Salakya Tantra ...	...	fol. 58b, 1. 5.
		fol. 59b, 1. 1.
Salyasiddhanta ...	...	fol. 63b, 1. 8.
		fol. 70b, 1. 7.
Yogaprayoga ...	...	fol. 65a, 1. 2.

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Quotations from Gayadasa in the Nibandhasangraha.

1. श्रीगयदास भास्करी च पञ्जिकाकारौ P. 1.

2. अन्ये तु शिष्यस्यैवेदं सूत्रमित्याहः स तु आत्मशिष्येषु धन्वन्तरी-प्रणिष्येषु प्रतिज्ञांकृतवान्। तन्नेच्छन्ति गयौ॥ P. 2

3. केचित् ज्वयान्तरमतिसारं पठन्ति, तन्न पञ्जिकादूषितत्वात्। P. 5

4. सोमभूताधिदैवतस्वभावं सौम्यं अन्ये द्विविधात्मक द्विविधहेतुक इति व्याख्यानयन्ति। तन्न पञ्जिकया दूषितत्वात्। P. 10

5. चतुर्णां निपतितानाम् उष्माणं विना कस्यचित् सिद्धिर्नास्ति इति संखेदजस्य प्राङ्निर्देशः। केचिदन्यथाक्रमं पठन्ति; तन्न पञ्जिकया दूषितत्वात्। P. 11

6. एतावन्न्याय्यौ पञ्जिकया दूषितत्वात्। P. 11
स्थावर-जङ्गम-पार्थिव-काल-भेदाचतुर्व्विध इति जैज्जटः, पञ्जिका-कारस्तु इदं न मन्यते। P. 17

7. स एव कर्म्मपुरुषः चिकित्साधिकृतः इति वदन्ति; तन्न पञ्जिकया निरस्तत्वात्। P. 18

8. अन्ये तु शिशिरग्रहणं अपास्य हेमन्ते च वसन्ते च प्रावृटकाले च मोक्षयेत् इति पठन्ति, तन्न पञ्जिकया दूषितत्वात्। P. 49

9. तत्रेति गङ्गाया उत्तरे देशे बिग्रिराद्यृतुविभागो वोद्धव्यः। इत्ययमर्थो गयदासाचार्येण बहुधा दूषितः। P. 52

10. पञ्जिकाकारस्तु दर्शनादिपरीक्षां त्रिविधामेव पठति। मिथ्यादृष्टा विकाया हि इत्यादि श्लोकान्ते

तस्मात् परीक्ष्याः सतत भिषजा सिद्धिमिच्छता।
युक्त्यैव व्याधयः सर्व्वे प्रमाणैर्दर्शनादिभिः॥

इति श्लोकमधीते व्याख्यानयति च दर्शनादिभिरित्येवं कर्त्तव्ये यत् प्रमाणैरित्यधिकं करोति, तदधिकप्रमाणप्राप्त्यर्थं, तेन गन्धरसशब्दानामप्यवबोधः। ये त्वत्राचरै षड्विधामपि परीक्षां पठन्ति, तेषां सम्यक् शास्त्रावबोधो नास्तीति भाषन्ते। आत्म-सदृशेषु विज्ञानाभ्युपायेषु तत्स्थानीयैर्ज्ञानीयात् इत्यपि न पञ्जिकाकारः पठति। P. 92

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11. तेन तीक्ष्णाग्नीनामष्टाहेनैव रसः शुक्रो भवति, मन्दाग्नेर्मासेनैव। अयमर्थ गयदासाचार्य्येण बहुधा दूषितः। P. 130

12. इदं नासासन्धानौष्ठसन्धानसूत्रं पूर्वाचार्य्यैरङ्गे कृतमपि जेज्जट-गयदासादिभि रङ्गीकृतं सुबोधत्वेन व्याख्यातं। P. 172

13. गयदासाचार्य्यस्तु अन्यथापातनीकां गृहित्वा पाठमन्यथा पठन्ति। P. 186

14. गयदासाचार्य्येणायं पाठः अनार्ष एव कृतः तन्मतानुसारिना ब्रह्मदेवेन क्वचिद् व्याख्यातः। P. 189-100

15. श्रीगयदासाचार्य्यप्रभृतयस्तु द्वावेव श्लोकौ मन्यते। * * * अस्मिंश्चाखीक्रियमाने निर्णीतपाठव्याख्यातृभिः श्रीगयदास प्रभृतिभिः सहविरोधः स्यात्, तस्मादयं न पठनीय इति। P. 197

16. श्रीगयदासादय आचार्य्य अमूं पाठमनार्षं वर्णयन्ति। P. 204

17. गयदासाचार्य्येण चायमङ्गीकृतः। P. 206

18. गयदासाचार्य्यस्तु इमं हिताहितीयस्यापाठे पूर्व्वोक्तं पाठं कियन्तं निक्षिप्य पूर्व्वोक्तपाठव्यतिक्रमेण पठति। P. 207

19. न्यायचन्द्रिकायास्तु पठितत्वादवश्यं पठनीय एव। P. 270

20. अन्ये समस्तमुत्तमबलव्याधौ अर्द्धं मध्यमबले यथालाभं हीनबले इति कथयन्ति। अयं पक्षो गयदासाचार्य्येण दूषितः। P. 338

21. द्वात्रिंशत्तमं योगं केचित् पठन्ति, तन्नेच्छति गयो। P. 395 See 5 of Jaijjata. P. 393

22. अयमर्थो गयदासेन दूषितः। P. 419

23. सामान्येन व्रीहेषु उक्त एव गुण इति गयो। P. 461

24. तन्न पञ्जिकाकाराभ्यां दूषितत्वात्। * * * तदपि पञ्जिकाकारो न मन्यते। P. 481

25. पंञ्जिकाकारो जेज्जटस्तु अम्लदाड़िमः पित्तं न करोति न शमयतीति व्याख्यानयन्ति। P. 483.

26. इमं जम्बीरगुणपाठं पञ्जिकाकारो न मन्यते। P. 486

27. केचिद्विगन्धिं कुत्तिमारुतमित्याहुः। तन्नेच्छति गयो। P. 487

28. कटुकाफलं लताकस्तूरिकेति पञ्जिकाकारः, श्रीब्रह्मदेवस्तु लघुकक्कोलकमाह। P. 492

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29. तदसम्यक् सामुद्रात् सौवर्च्चलस्योष्णत्वात्; उत्तरोत्तरमुष्णानीति वचनादिति गयो। P. 509

30. तत्र केचित् आमे वमनंकार्य्यं विदग्धे लङ्घनं हितं पठन्ति। तन्नेच्छति गयो। P. 542

31. शुक्रं पुनरमलं सहस्रधा ध्मातात्तथ सुवर्णवदिति आक्रष्टाण्डकोषस्य पुंसः श्मश्रुपातात् श्मश्रु एव शुक्रमलः इत्येके, तन्नेच्छति गयो। P. 547

32. गयदासाचार्य्यस्तु इमं श्लोकमिन्द्रियार्थोपसम्प्राप्तिमित्यादीनि कृत्वा पठति। P. 551

33. गयदासाचार्य्यस्तु एवं मन्यते,—प्राणानामग्निसोमादीनामधिष्ठानमलम्बनवचनेन आधारभूत हृदयाध एवोच्यते। P. 551

34. अमूं पाठं केचिन्न पठन्ति, तत्र गयदासाचार्य्यस्यसम्मतत्वात्। P. 554

35. सुहृश्वरः,—अन्ये तु वहिश्वर इति पठन्ति। तन्नेच्छति गयदासाचार्य्यः। P. 558

36. See Jaijjata No. 20. P. 560

37. प्राग्विनिर्द्दिष्टात् इति प्राक् पूर्व्वं व्यासेन प्रत्येकं वातादिजार्शोलक्षणयुक्तं वोच्येत्यर्थः इति गयदासाचार्य्यः। P. 573

38. See Jaijjata No. 22. P. 581

39. ,, ,, ,, 23. P. 587

40. ,, ,, ,, 24. P. 590

41. गयदासाचार्य्यस्तु आपतनिकापूर्णं प्रमेहपूर्व्वरूपाणामित्यादि श्लोकत्रयमन्यथा पठन्ति। P. 599

42. See Jaijjata No. 25. P. 605-6

43. गयदासाचार्य्यस्तु त्रिभिर्द्दोषैः पृथक तिस्र एकशश्च संमूर्च्छितैः, अन्या सान्निपातिकी शल्यनिमित्ता च। पञ्चैव नाड्या इति व्याख्यानयन्ति। P. 620

44. गयदासाचार्य्यस्तु दोषद्वयाभिहितेत्यादि द्वन्द्वजानां लक्षणं न पठन्ति। P. 621

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45. गयदासाचार्य्यस्तु समान तन्त्रदर्शनेऽपि सर्व्वं त्वचं पाठेषु पाठात् गर्द्वभिकादीन पठति, पामादीं क्षुद्रेऽपि कुष्ठ एव पठति। P. 637

46. गयदासाचार्य्यस्तु गर्द्वभिकां पठति। P. 638

47. नानुक्तमप्युक्तमेति व्रणमित्याचक्षते तन्नेच्छति गयदासाचार्य्यः। P. 639

48. पञ्जिकाकारस्तु शरीरोष्मा पावकः पित्तं तदाश्रयः एतौ पित्तपावकावेकीभूय केशान पचेत्। P. 642

49. गयदासाचार्य्यस्तु समुत्थाननिदानभ्यां इति चर्म्मकीलप्रतिपादकं वाक्यमेव पठति। P. 643

50. शूकस्य दुष्टभग्नस्य हेतु यस्या सा तथा। नन्नेच्छति गयदासाचार्य्यः। P. 647

51. गयदासाचार्य्यस्तु स्फुटितलक्षणमेतत् पठन्ति। P. 654
गयदासाचार्य्यस्तु विपुलैकदारीति पठन्ति। P. 654

52. गयदासाचार्य्यस्तु सुवन्द इति पाठं कल्पितमेव मन्यते। P. 664

53. एवञ्चेते कण्ठरोगाः सप्तदशेति पञ्जिकायां पुनः आसावेव ह्रन्दपाठः। P. 665

54. गयो तु सर्व्वभूतचिन्तानाम शारीरमिति पठति। P. 669

55. गयो त्वन्यथा व्याख्याति यथा सर्व्वभूतानां कारणमित्यस्यैव भाष्य निर्द्दिशन्नाह—अखिलस्य जगतः सम्भवहेतुरित्यनेनोपादान-कारणत्वं अव्यक्तस्य जगदुत्पत्तौ प्रतिपादितम्। न व्यज्यते स्मेताव्यक्तं प्रकृति प्रधानं मूलप्रकृतिरिति यावत्। Pp. 669-70

56. गयो तु संहारे भूतेन्द्रिय तन्मात्राहङ्कारमहदादीनामाधारभूतेति बीजधर्म्मिणी। स्यैव सिसृक्षुणा विभुना पुरुषेण साद्धं क्षोभमाणस्य साम्यावस्थानि प्रच्युता महदहङ्कारादिक्रमेण चराचरस्य जगतः प्रसवित्रीत्वात् प्रसवधर्म्मिणी इत्युच्यते। P. 673

57. गयोत्वन्यथा व्याख्याति।

58. गयो तु तता जातानि भूतानीति पठित्वा व्याख्याति। P. 676

59. गयोतु, सुखं प्रीति, दुःखम् अप्रीतिः। P. 678

60. गयो तु आवृतिकरमिति पठित्वा मनसः शीतलेतेत्याह। P. 679

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61. गयो तु अठनशीलतेत्यत्र ताड़नशीलतेति पठति, मान इत्यत्र मद इति पठति। P. 679

62. गयो तु विविक्तता इत्यस्य स्थाने विरिक्तता इति पठति व्याख्यानयति च। P. 679

63. गयो तु चतस्रश्चित्यत्र चतुर्थीं शोणितप्रकृतिभूतविस्रगन्धिशोणितार्त्तवाक्तिं मन्यते। P. 685

64, गयो त्वत्र दुर्गन्धकुणपगन्धिनि पूयसङ्काशे पूतिपूयोपमे मज्जतुल्ये त्रिदोषमलिने इति व्याख्याति। P. 685

65. गयो तु भद्रत्रियं श्वेतचन्दनम्। P. 685

66. गयो तु तत्राचार्य्यो ब्राह्मणप्रयुक्ताऽनुपहतश्वेतवस्त्रेण etc. P. 688

67. गयो तु तत्र प्रथम दिवसे तस्मान्नियमवतीं त्रिरात्रं परिहरेदिति। P. 690

68. गयो तु धर्म्मैतरोऽधर्म्मः तत्पुरसरौ अधर्म्मगामिनौ न तु धर्म्मपुरःसरौ। यतः स्मृतिस्मृतिष्वधर्म्मादेवयमोत्पत्तिरिष्टा। अतएव तदुत्पत्तौ प्रायश्चित्तमप्युपदिष्टमिति व्याख्याति। P. 693

69. गयो तु कुम्भीकोत्पत्तिहेतौ काश्यपोक्तं श्लोकमाह—See Kasyapa the Elder, No. 2. Vol. I. P. 182. P. 694.

70. गयो तु भोजदर्शनात् पिण्डादीनामन्यथाकारं पठति। See Bhoja, No. 9. P. 704.

71. गयो तु, विभजते तस्मात् कोष्ठात् पृथक् करोति इति व्याख्याति। P 715

72. गतो तु, हृदये पच्यमानमिति पाठं पठति। P. 717

73. गयो तु क्लमालस्यादीनां लक्षणं न पठति, असृत्विकत्वेन हेतुना। P. 724

74. गयो तु अन्यथैवाशङ्क्य समादधाति। P. 725

75. गयदासस्तु औदरिकमित्यत्रौषधिकं इति पठित्वा औषधिकं कल्पपरमिति व्याख्याति। P. 730

76. गयो तु, महत्यो मांसरज्जवश्चतस्र पृष्ठवंशमुभयत इत्यष्टौ प्रतिपादयति। P. 736

77. गयो तु, कोष्ठे षष्ठग्रीवां प्रत्युर्द्धं चत्वारिंशदिति पठति। P. 741

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78. गयी तु एकामेढ्रसेवन्यां द्वे अपरे वृषणयोः स्फिचोश्च द्वयोर्द्दश * * * इति कोष्ठे षष्ठिं पठति ॥ P. 742

79. गयी तु, द्यमूं तन्द्रान्तरीय श्लोकं न पठति। * * * अत्रार्थे च भोजवाक्यं दृष्टान्ती करोति। See Bhoja No, 12. P. 743

80. भोजदर्शनात् गयदासोऽपि मर्म्ममानसूत्रे द्वाङ्गुलमिन्द्रवन्तिमर्म्मेति पटित्वा व्याख्याति। P. 754

81. गयी तु त्र्यङ्गुलमानमेतदाह। P. 754

82. गयौ तु पार्श्वजघनभागे इति पठित्वा पार्श्वयोर्ज्जघनभागे अधोभागे नितम्बे विम्बौ कुकुन्दरे इति व्याख्याति। P. 758

83. गयी तु अन्यासदृशं सूत्रं पठित्वा स्तनमूले द्वे गुल्फे च, इन्द्रवस्तयश्चत्वारो द्वौ मणिवन्धाविति दशमर्म्माणि द्वङ्गुलानि भोजदर्शनात् व्याख्याति। P 762

84. गयी तु, वृक्षा इवायुधविघातेत्यादिस्थाने किञ्जल्कपत्रमथनादिव पङ्कजानि इति पठति। P. 762

85. निरत्ययः इति निर्गतव्यापत्। गयी तु एतद्वाक्यं न पठति। P. 764

86. गयी तु वातादिवहानां चतुर्भिरष्टकैर्द्वात्रिंशद ग्रीवायाम्। तत्र षोड़श अव्याध्या इति प्रतिपादयति। P. 770

87. गयी तु हनुगताः पृथगेव षोड़श तत्र द्वे सन्धिवन्धनमर्म्मणी-परिहरेदित्याह। P. 770

88 गयी तु अष्टविंशतिर्ज्जिह्वायां तासां रसवाहिन्यः षट् शस्त्रकृत्या इति ब्रुते। P. 770

89. गयी तु षोड़श नासायां तासु पञ्च अव्याध्या इत्याहु। P. 770

90. गयी तु चतुर्विंशतिरूभयोर्नेत्रयोः तासामेकै कामापाङ्गयोः-परिहरेत्। P. 770

91. गयी तु कर्णयोः षोड़शः, तासां एकैकां शव्दवहां परिहरेत् इति ब्रूते। P. 771

92. गयी तु ललाटस्थिताभिः शिराभिः सह नासानेत्रगताः शिराः ललाटे षष्ठिः तासु सप्त अव्याध्या इति ब्रूते। P. 771

93. गयी तु शङ्खयोरष्टौ पृथगेव पठति, तासु शङ्खसन्धिगतेऽव्वाध्या इति प्रतिपादयति। P. 771

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94. गयो तु मूर्द्धि पृथगेव द्वादश पठित्वा तास्वष्टावव्याध्या इत्याह। P. 771

95. गयो तु कासश्वासयोरल्पयोर्म्मार्गविशुद्ध्यर्थम्। P. 781

96. गयो त्वन्यथा आपातनिकां विधाय व्याख्याति। P. 788

97. गयो तु गर्भनाड़ीमष्टाङ्गुलमायम्य नातिगाढ़ं नातिशिथिलमग्रे सूत्रेण आवध्य कुष्ठतैलेन सिक्ताऽपत्यम् आशु मधुसर्पिर्मिश्रं अङ्गुल्यानामिकया कनकचूर्णं लेहयेत्। P. 795

98. गयो तु देशकालौकव्याधिसात्म्येन कर्म्मणेति पठित्वा देशादिभिः सह पृथक सात्मशब्दं सम्बध्नाति। P. 798

99. गयो तु षण्मासादिति पठित्वा षण्मासादूर्द्धमिति व्याख्याति। P. 806

100. गयदासेन एते गर्भस्रावचिकित्सितयोगाः प्रागेव गर्भस्याप्यन्यत इत्यनन्तरं पठिताः। P. 810

101. गयो तु प्राक्तनमात्रा प्रतिषादकं वाक्यमपठित्वा मात्राज्ञानार्थं विश्वामित्रोक्तं वाक्यमभिदधाति। यथा—

विड़ङ्गफलमात्रन्तु जातमात्रस्य भेषजम्।
एतनैव प्रमाणेन मासि मासि प्रवर्द्धितम्।
कोलास्थिमात्रं क्षीरादे दद्याद् भेषज्यकोविदः।
क्षीरान्नादे कोलमात्रमन्नादे डुम्बरोपमम् इति॥ P. 812

102. अपवञ्च गयदासः पाचनं न पठति। P. 818

103. See Jaijjata. No. 33

उपनाहनिष्पाद्यं कर्म्म पाचनमिति मत्वा पाचनं पृथगुपक्रमं गयदासो न पठति। P. 822

104. See Jaijjata No, 34. P. 823

105. अगम्भीरान् मेदसा जुष्टानित्येके पठन्ति। तन्नेच्छति गयो। P, 828

106. जेज्जट गयदासौ तु अन्यथा। P. 829

107. गयो तु सर्व्वव्रणानां विद्रध्याद्यशेषव्रणानामयमेव विधिरुक्तः। P. 830

(To be continued.)

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ON THE HEART IN ANCIENT INDIAN MEDICINE.

BY

REINHOLD F. G. MULLER.

(*Continued from our last issue.*)

SuS, śārīra 4, *25*, in the introduction to the special description of the inner organs, explains that *phusphusa* originates in the froth of blood. *Phusphusa* (singular !) has been interpreted as lungs. A note to the text refers to *Śārṅgadhara* (as also mentioned in the Pertersbg. Worterbuch), but without value, because this physician belongs to the Mohammedan era (cf. JOLLY, Medicin, *4*). The modern Indian doctors connect *phusphusa* etc. with the lungs (cf. Aryurveda Vijnanam by B. L. SEN, 1 *356 ff.* sec. edit.), but such a relation does not guarantee the meaning for the old times.

SuS śārīra 5, *5* and *7* arranges *phusphusa* with liver and spleen, separated by *uṇḍuka* (undeterminated intestines, cf. *SuS śārīra* 4, *25*) from the heart, just as in *cikitsā* 2, *12* in the case of penetrant wound of the bodily hollow (*koṣṭha*). According to *SuS śārīra* 4, *31* spleen and *phusphusa* are situated on the left on (and in a text variation also : below) the heart, *kloman* and liver on the right. In the older traditions *phusphusa* seems to be absent. *Kloman* is not mentioned in *Ṛgveda* X, 163, but in the corresponding song *Atharvaveda* 11, 33, *3* after the heart. The old anatomy certainly originated from sacrificial experience, but a real interest in a knowledge of the entrails is not very evident. *Śatapathabrāhmaṇa* says for instance : partly *kloman* and heart, partly other things (IV, 5, 4/*6*). But in *Bṛhadāraṇyaka-Upaniṣad* 1, *1 klomans* are connected with the liver (cf. *CaS śārīra 7, 10*). Such examples demonstrate the insecurity for an anatomical determination of these terms. The deduction (cf. Manusc. p. 5) causes a supposition, that *kloman* may be the organic trunk from the heart into the throat, as trachea, oesophagus, attached vessels etc. The sacrifice rites point in this direction, and also some medical texts. Certainly popular names exist here, perhaps for *kloman*, at all events for *phusphusa*

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onomatopoetic ones. But a scientific experience for the physiology of the lungs, and therefore for a circulation of the blood in this regard cannot be proved. And if in the following text of *SuS śārīra* 4, *31*, wind-tubes (*dhamanī*) are named in connection with *prāṇa* (breath), these wind-tubes are not the trachea or bronchias, and *prāṇa* has here a theoretical meaning.

31.....The purified matter of blood and phlegm produces the heart, on which the *prāṇa*-conveying tubes (*dhamani*) lean ; (below and) on the left of it there are spleen and *phusphusa* ; on the right, liver and *kloman* ; the heart is especially the seat of *cetanā* (consciousness) ; when it is enveloped by *tamas* (darkness), man is asleep.

32. The heart may entirely resemble a lotus-bud, with top turned downwards, open when awake, closed when asleep.

The purified matter or the clearness (*prasāda*) is here a physiological term, presumably taken from the preparation of alcoholic drinks produced by fermentation (cf. SUDHOFFs Archiv 1932, *27-28*). *Cetanā*, the principal function of the heart, as consciousness or also mind, contrasts literally (*cit* = shine) as light with darkness (*tamas*), whereby the contents pass over other philosophical ideas, but in connection with the heart.

33. There is a doctrine, that the sleep of the god *Viṣṇu* (*vaiṣṇava*) is a suffering ; according to his nature he attacks all creatures. If phlegm, abounding in *tamas*, attacks the currents (*srotas*) conveying the clear conception (*saṃjñā*), the sleep is named *tāmasa* (belonging to darkness) ; it arises with unconscious men in the time of death. It arises in the day and at night with men abounding in *tamas*, irregularly with those abounding in *rajas* (passion), at midnight with those abounding in *sattva* (goodness) ; of those men, whose phlegm and force of wind is exhausted and who have pains of mind and body, a modified (or disturbed = *vaikārika*) sleep arises.

34. The heart (*hṛdaya*) is the seat of *cetanā* of man, cf. *Suśruta* ; if *tamas* preponderates, sleep overcomes man.

35. *Tamas* produces sleep, *sattva* awakening ; the own nature is well known as chief cause.

36. The *bhūtātman*, which rules the sleepers, seizes by means of *manas* (mind), connected with *tamas*, the *arthas* of the

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earlier existences of the bodies, the good as well as the bad ones.

37. If the weakness of the sense-organs (*karaṇa*) is increased, the *bhūtātman* is explained as having fallen asleep, even if he does not sleep.

Here, the old theories about sleep, already discussed in the *Upaniṣads*, are united with philosophical ones, viz. of of *sattva*, *rajas* and *tamas*. In the contents of verses *34-37*, the train of ideas of which is closely joined to *31-32*, old opinions of *sattva* and *rajas-tamas* break through, while the prose-text *33*, evidently supplemented, shows the developed *Sāṃkhya*-philosophy of *Sus śārīra* I, inspite of a mythological introduction with regard to *Viṣṇu* (cf. *CaS sūtra* 21, *59*). The special or medical relation to the system of these three *guṇas* is briefly explained in the above cited sketch : About *sattva*, *rajas* and *tamas* in the old Indian medicine (cf.....). At all events the deduction about the heart in *Sus śārīra* 4, *31-37* begins in anatomical forms and ends in psychological ones, which are closely connected with the fundamental Indian physiology.

From a very great material of texts concerning the general and special basis for the doctrines about the heart, only few quotations are empoyed in this small inquiry. Some deductions will be attached, briefly containing practical dependence and the subsequent development. Only the chief opinions may be extracted and no more single examples, which have caused errors and which originate chiefly a prejudiced estimation of the general accentuated functional basis for Indian physiology. Therefore a blood circulation cannot be proved e. g. by quotations from *Sus sūtra* 14, 3 : '*anudhāvato*' (cf. HOERNLE, Bibliotheca Indica N. S. No. 911, *89*, note 216) or *sūtra* 45, *205-6*, where K. L. BHISHAGRATNA believes, in his translation of *SuS* (I, 464), "that the framers of ancient Ayurveda were fully conversant with the circulation of the blood." Neither does the *Bhāvaprakāśa* demonstrate the "circulation", much less the apocryphel *Hārīta-Saṃhitā*, as Bh. SINGHJEE supposes in his History of Aryan Medical Science (*93-4*). There are many materials of the human body, which move, in the Indian physiology, also circulating ones in the macro-microcosmos-ideas, but among the last ones not blood.

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Heart-disease (*hṛdayāmaya*) is already mentioned in *Atharva-veda* V, 30. *9*, VI, 14, *1* and 127, *3* comprehending pains of body and mind. Probably from the supposed texts of the *āyurveda*, in *SuS uttara* 43, heart-disease (*hṛdroga*) appears as five kinds, viz. the three *doṣa*s, all these together and worms (*kṛmi*), also in *Mādhavanidāna* 27 ; those worms cause manifold pains according to very old opinions. *CaS sūtra* 17 systematizes in the same manner, but in connection with other diseases. Therefore the symptoms of heart-disease were mostly variagated [among these also those, which are described as heartburn or cardialgy (*CaS sūtra* 17, *33* and *39*), mentioned here without statement of a common origin of medern popular names].

Special Indian views depart from general grounds, presumably because of a theoretical development in a sensorial direction, they originate in opinions about diseases caused by *bhūta*s (demons), certainly before the times of the redaction of the oldest *Saṃhitā*s. For these ideas *CaS nidāna 7* offiers an example in the case of insanity (*unmada*). Its general description ends in *3*, that the *doṣa*s, reaching the heart and deranging the *manas*-conveying channels, engender *unmada* (cf. *Bheḷa Saṃhitā nidāna 7* and 8). Such an intimation points to the fact that the ideas of heart-functions in the medicine have not exclusively arisen among the physicians. In *MBh* XII, *11558 ff.* a *sāṃkhya*-system is evolved, where ascending, descending and transverse-going *srotas* are mentioned (cf. XIV, *1011, 1038, 1054*). Among the *Ātreya*-traditions, the *Bheḷa-Saṃhitā* in the beginning of *sūtra* 20 demonstrates ten at a time ascending and descending *dhamani*s and four traversing ones in this case ; besides, *mūla*s (roots) and *phala*s (fruits) are here mentioned. These tubes are enumerated in the same manner is *SuS sūtra* 14, *3*. The consideration of the heart as a lotus is also known in the same chapter of the *Bheḷa-Saṃhitā* as well as the influence of sleep. *Vāgbhaṭa* in his *Hṛdaya śārīra* 3, *13 and 18* (as in the corresponding texts of *Saṃgraha śārīra* 5) follows *CaS*. But all those quoted texts give rise to the impression that such ideas are rooted in a broader field than those of the physicians alone. Therefore it is not surprising that those opinions re-emerge in the universal literature of the *Purāṇa*s as *Agnipurāṇa* 370, not included in medical parts, but isolated and established before the deductions of *Yoga* :

16. Because of the expansion of phlegm, the heart (*hṛdaya*)

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resembles a lotus (*padma*) with downward hanging top and with a hollow, where the life (*Jīva*) is established.

17. Consciousness (*caitanya*) connected with *bhāvas* (organic functions) dwells here in entirity ; on the left of it the spleen is situated, on the right the liver,

18. also on the right of the lotus the *kloman*, as instructed. The channels (*srotas*), which convey phlegm and blood in the body,

19. produce the unification of the *bhūtas* (constituent parts of body) and arising of sense-functions.

On the other hand the position of a kind of energetic centre, which is especially established by the professional instructions, in the region of the heart, is preferred at least by the *Purāṇas* for the navel in connection with the *prāṇas*. The basis of such ideas was very probably that of the practical theories of *Yoga*, the origin of which is, unfortunately for the old times, little explored and disputed with regard to its meaning. There are only few old texts of fairly certain age ; as an example can be named here the *Pratyabhijñā-hṛdaya* by *Kṣemarāja* at the beginning of the second millennium, which is treated by BAER (dissertation : Zürich 1925) already proving systematical discrepancies of *yoga*-doctrines in those traditions of Shaivaism. Towards the end of the first millennium, Indian physicians, who accompany Buddhist missions into Tibet, may also have transported such opinions (cf. Anthropos 1927, *971 ff.*). And because the Indian climate has not preserved archæological material in this case, those of this snow-land must be employed. There are anatomical charts, which pretend to an old age (cf. WALSH, The Tibetan anatomical system. Journ. Roy. Asiat. Soc. 1910, *1216-7*).

See Fig. 3 page 99. See Fig. 4 page 100.

One of these tables, also copied by WALSH, demonstrates in two figures both the opinions about heart-functions. The one shows the heart as circle, Tib. : *khor-lo* = the *cakra* of the *Yogins*, wherein the letter *ta* is written (probably for Sanscrit *tha*], according to *sMan-bum-chuñ* 3, *283* = the door of admission to all things (ctd. in the Tib.-Engl. Dictionary by S. Ch. DAS) ; around this centre there are 24 channels (Tib. *rtsa*, corresponding

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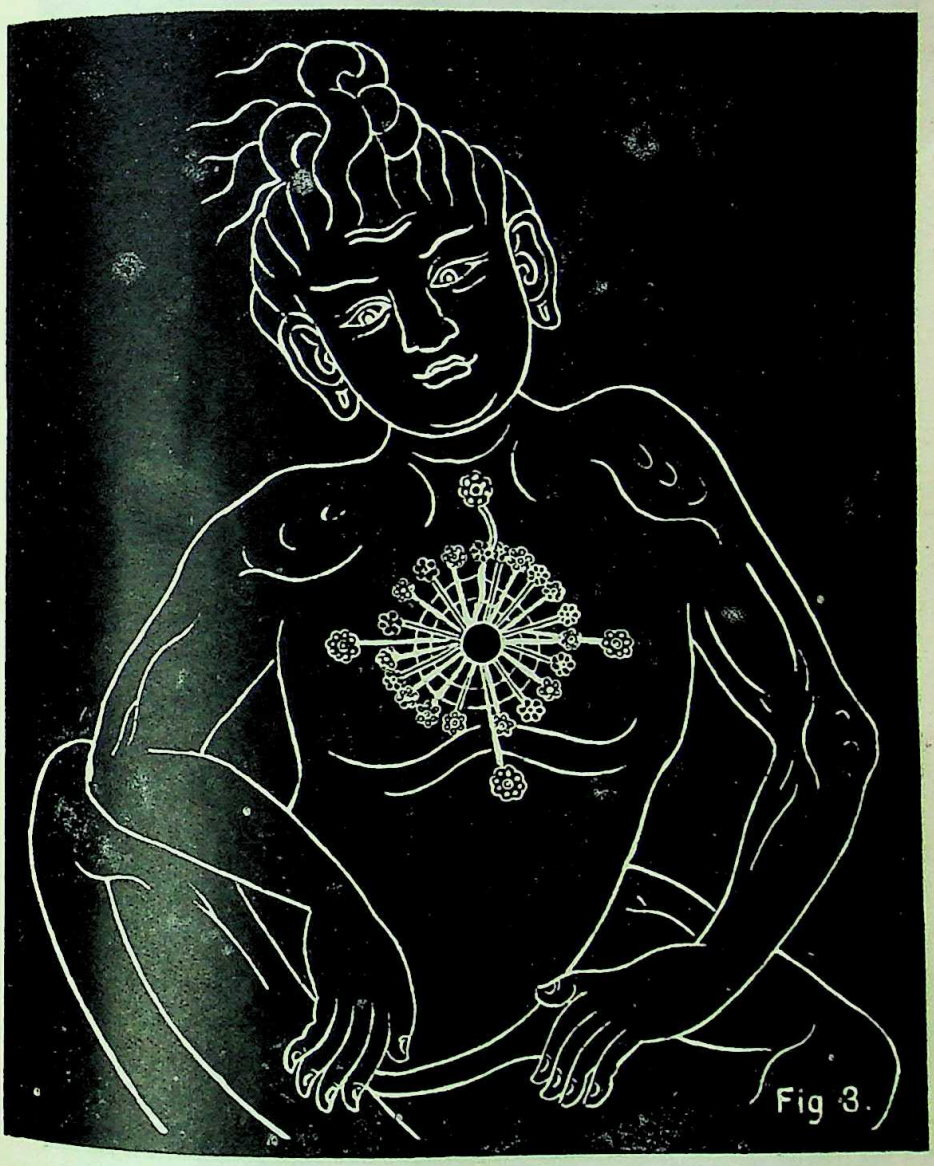

Fig 3.

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(Fig 4.)

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in Sanscrit approximately *sirā, Dhamani,* but also *nāḍa*, cf. Zamatog *26*, LAUFER, Sitzgsb. Bayr. Akadem. Wiss. 1898, *568*). The other figure shows the heart (Tib. *sñiṅ*, in Sanscrit corresponding to *hṛdaya, manas* etc.) in the approximative form of a lotus-bud, which is still more distinctive in another figure of the series (cf. fig. 5).

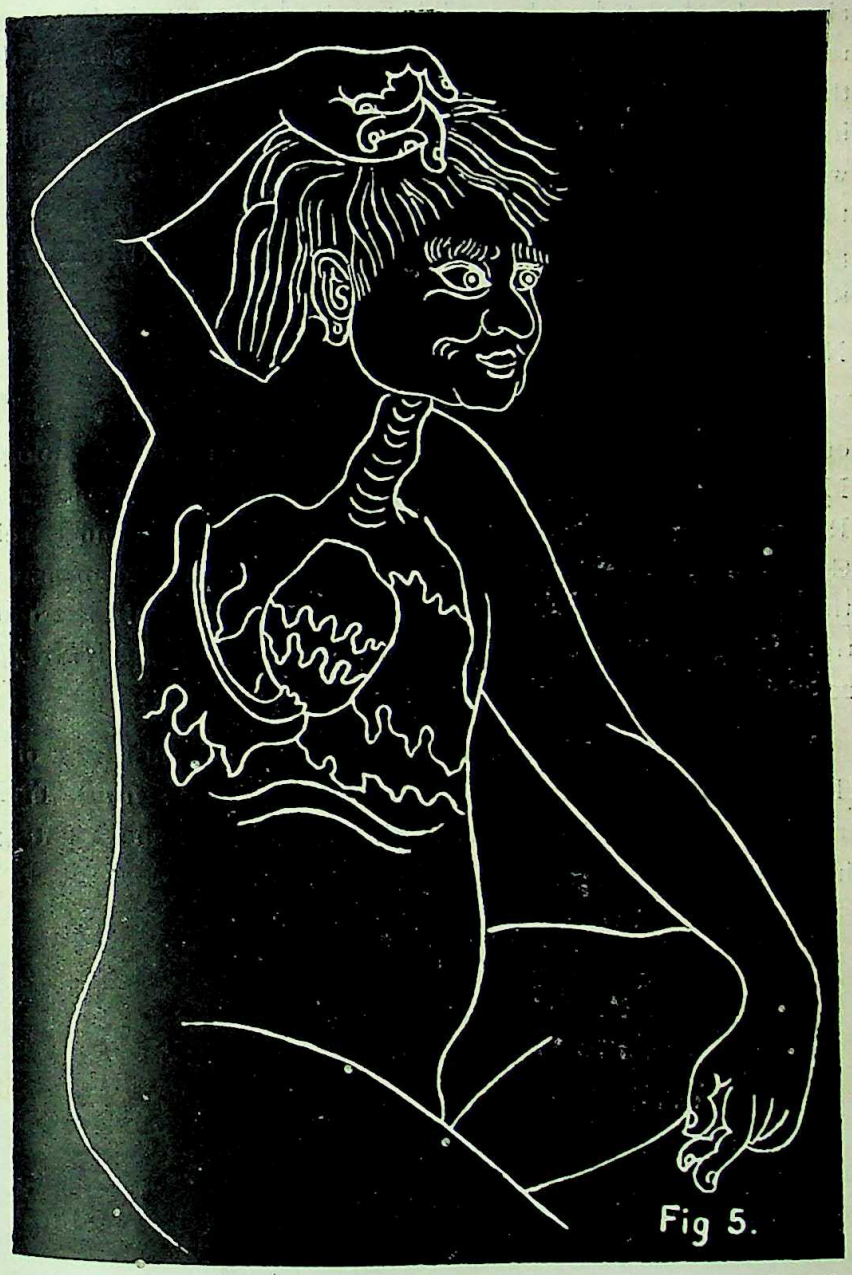

Fig 5.

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These drawings of the heart-organ as lotus prove that the opinions concerned are more strictly bound to this form really assumed in the ancient Indian medicine than to figurative ones in other traditions or at all events in modern ideas. WALSH received his informations from a native Tibetan doctor, and although some explanations may be modified in this way, a broad field of doctrines, which also illustrate the old Indian estimations about the heart by those Tibetan traditions up to the present, remains here. This till now preserved example explains better the old ideas about the heart-function than several modern inquiries, which however start from modern European opinions with good intention. But these destroy a historical esteem towards those ancient ideas, which are founded only upon their genuine ground, as for instance on several parts of the *MBh* and its preceding traditions, here not exhausted.

Notes to the illustrations.

Fig. 2 is a partially traced design of a she-demon below and on the left of a temple-picture, preserved in the Ethnological Museum of Hamburg, which is published as table 2 by RIBBACH: Vier Bilder des Padma-sambhava und seiner Gefolgschaft (Hamburg 1917). The same table also demonstrates the heart as lotus in the parts of a human sacrifice. In the quoted treatise there are still other lotus-drawings, as e. g. NNr. 4, 19, 20, 21.

Fig. 3—5 show tracings from photos of the Institute of the History of Medicine at Leipzig, which are made from Tibetan originals in possession of LAUFER; only the lines relating to the heart-forms are traced from these photos.

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GYNÆCOLOGY, OBSTETRICS, AND PEDIATRICS OF THE AYURVEDISTS

BY

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(*Continued from our last issue.*)

—:o:—

J. Diseases Peculiar to Children due to Influence of Malignant Stars.

Sushruta considered nine diseases under this ætiology. Vagbhata and subsequent writers add three more to Sushruta's list. The diseases are attributed to the influences of nine or twelve Malignant Stars or Demons (Su.).

General Causes.—(1).—The children may not be properly brought up on the breast-milk of mother or nurse ; (2).—uncleanliness of child ; (3).—uneasiness, fright ; and (4).—too much crying by the child (Su.).

Signs and Symptoms.—The children cry continuously, and get fever ; there is fright, sleeplessness, yawning, turning up of eyebrows. piteous look, looking up continuously, foaming at the mouth, biting of lips and teeth, straining, not sucking milk, change or loss of voice, scratching self and mother. There is emaciation, loss of appetite, diarrhœa, œdema of body ; and the body smells like flesh or blood (Va.).

Fatal Signs.—Running of nose, ulcer on tongue, groaning, watery eyes, change of complexion, difficulty of speech, thirst, burning sensation of body, purulent vomiting, bleeding from pores of skin, fœtid smell of body, wasting ; there is also wandering of mind, beating of others, jumping in deep wells, and entering fires (Va.).

Prognosis.—Fatal prognosis is indicated by stupefied state, aversion to breast-milk, fainting fits (Su.). Falling off of hair, loss of appetite, change of complexion, crying, smell of a vulture to the body, prolonged illness, round glands in abdomen (mesenteric glands, various-coloured stools, hollowed tongue, black areas on palate (Va.). Presence of all symptoms of disease indicates a fatal end ; if the complaint is not of long-standing, it is amenable to treatment (Su).

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Favôrable Signs are piteous and frightened look ; dryness of lips, throat, and palate ; crying ; anxious appearance ; wishing to eat but still unable to do so (Va.).

General Treatment.—(1) Keep the child in a clean room ; (2) rub the body with old matured ghee ; (3) strew mustard on the floor : (4) burn a mustard-oil lamp (Su.). Vagbhata further advises baths, massage, fumigation, and internal medication :—

Baths.—(1) give a warm bath of the decoction of leaves and barks of *Sida carpinifolia*, *Melia Azadirachta*, *Ocimum sanctum*, *Cassia Fistula*, *Erythima indica*, *Cleosanthes indica*, *Eugenia Jambolana*, *Cratœva religiosa*, *Andropogon schœnanthus*, *Hydrocotyle asiatica*, *Achyranthes aspera*, *Moringa pterygosperma*, *Leea hirta*, *Clitoria terneata* white, *Feronia elephantum*, *Ficus bengalensis*, *Ficus religiosa* and similar milky-juice plants, *Anthocephalus Cadamba*, and *Pongamia glabra* ; (2) or of the decoction of *Cœsalpinia Bonducella* bark, leaves of milky-juice trees like *Ficus bengalensis*, *Ocimum sanctum*, *Cucurbita longenaria*, *Citrullus Colocynthis*, *Cleosanthes indica*, *Prosapis spicigera*, *Ægle Marmelos*, and *Feronia elephantum* (Va.).

Fumigation.—(1) Fumes of skins of tiger, panther, snake, lion and boar ; (2) *Kashyap's Dashanga Dhupa* (incense of ten drugs) :—*Acorus Calamus*, *Ferula asafœtida*, *Embelia Ribes*, *Plantago amplexicaulis*, *Cissampelos Pareira*, *Aconitum heterophyllum*, *Piper longum*, *P. nigrum*, 'Saindhava' salt, and ginger ; (3) *Cœsalpinia Bonducella*, ten drugs of '*Dashanga Dhupa*,' white seeds of *Albizzia Lebbek*, *Acorus Calamus*, *Carum copticum*, and *Saussurea Lappa* ; (4) white *Albizzia Lebbek* seeds, *Melia Azadirachta* leaves, *Calotropis gigantea* root, *Clitoria terneata*, *Acorus Calamus*, *Betula Bhojapatra*, and ghee (Va.).

Massage of the Body.—Apply ghee cooked with *Hemidesmus indicus*, *Vanda Roxburghii*, *Hydrocotyle asiatica*, *Bryonia scabrella*, *Sinapis alba*, *Acorus Calamus*, *Physalis somnifera* and *Ocimum sanctum* (Va.).

Internal Medication.—(1) Give the medicine for massage by mouth also ; (2) give ghee cooked with milk and *Fagonia arabica*, *Mangifera indica* seed, *Valeriana Hardwickii*, *Piper longum* fruit, *Uraria lagopoides*, *Cyperus rotundus*, drugs of the 'Sweet' group, and decoction of the 'Ten Roots' ; (3) give ghee cooked with the decoction of *Vanda Roxburghii*, *Desmodium gangeticum*, *Uraria lagopoides*, *Acorus Calamus*, and the 'Big Five Roots' ; and

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the paste of *Hemidesmus indicus*, *Piper longum* fruit, *P. nigrum*, *Plumbago zeylanica*, *Cissampelos Pareira*, *Embelia Ribes*, *Ferula asafœtida* gum, *Cedrus Deodara*, *Pipper longum* root, *Holarrhena antidysenterica* seeds, ginger, liquorice and 'Kakoli' ; this ghee is a stomachic tonic as well. (4) *Phalasarpi*, *Phalaghrita*.—Cook 80 parts of ghee with 320 parts of milk, and paste of one part of each of *Rubia cordifolia*, *Saussurea Lappa*, *Veleriana Hardwickii*, *Terminalia Chebula*, *T. belerica*, *Acorus Calamus*, *Curcuma longa*, *Berberis asiatica*, *Carum copticum*, *Picrorhiza Kurrooa*, *Helibores niger*, *Ferula asafœtida* gum, *Physalis somnifera*, *Asparagus racemosus*, 'Meda', 'Kakoli', sugar and liquorice ; useful in Graha diseases of children and makes them fat ; also useful in diseases of genital system ; it is a tonic ; it stimulates conception, and preserves children of one whose children habitually die (Va.).

K. Detailed Symptomatology and Therapeutics of Diseases due to each of the Malignant Stars or Demons.

(1) *Skanda Graha* (Convulsions ; Cerebro-spinal Meningitis ; Encephalitis). There is swelling of eyes ; they roll much ; one eyelid is fixed or motionless ; the child looks frightened ; features are distorted ; it moans a little, closes its fists ; it has aversion to breast-milk : stools are hard and constipated ; the body emits a bloody smell (Su.), Oue eye is watery ; one eye-brow or cheek moves ; both eyes are red ; there is frequent tossing of head, bending of neck, grinding of teeth, twisting of face ; one side of the body is paralysed ; there is perspiration, salivation. The child becomes blind, lame, or generally dies (Va.).

Treatment :—(1) Sprinkle on the body decoctions of the leaves of *Vayu*-subduing plants ; (2) anoint the body with oil cooked with the decoction of the roots of *Vayu* subduing drugs, drugs of 'Elettaria Cardamomum' group, paste of *Azadirachta indica*, and 'Suramanda' wine ; (3) fumigate the body with fumes of mustard, cast-off skin of snake, ghee, hairs of camel, goat, sheep, and ewe, *Acorus Calamus* and *Capparis sepiaria* ; (4) tie round the neck a garland of *Tinospora cordifolia*, *Bauhinia racemosa*, *Prosopis spicigera*, *Ægle Marmelos* thorns, and *Citrullus Colocynthis* ; (5) give draughts of ghee cooked with *Cedrus Deodara*, *Vānda Roxburghi*, drugs of the 'Sweet' group, and milk (Su.).

(2) *Skanda-Apasmara Graha* ; Syn.—*Vishakha Graha* (Basal Meningitis, Encephalitis, Myelitis, Tetany, etc.).—Alternate fits of

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fainting and consciousness ; convulsive jerks of legs and hands as in dancing ; foaming at the mouth, yawning, passing of flatus, stool, and urine ; death or permanent disfigurement of any limb, or organ (Su.). Hair pulling, bending of neck, eyes looking upwards, twitching of eye-brows, biting of breast-teat, or one's tongue while sucking milk, losing of temper, fever, sleeplessness, smell of body of pus or blood (Va.).

Treatment :—(1) Sprinkle the body with decoction of *Ægle Marmelos*, *Atbizzia Lebbek*, *Fagonia arabica*, and drugs of 'Surasa' group ; (2) anoint the body with oil cooked with drus of 'Sarvagandha' group ; (3) rub the body with the paste of *Acorus Calamus* and asafœtida ; (4) fumigate the body with the fumes of dungs of on owl and a vulture, human hairs, nails of an elephant, hairs of a bull and ghee ; (5) tie round the neck a garland of *Hemidesmus indicus*, *Cephalandra indica*, *Mucuna pruriens* and 'Kukkuti' ; (6) give a draught of ghee cooked with milk and decoction of the bark of milk-exuding trees, and paste of drugs of 'Kakoli' group (Su.).

(3) *Shakuni Graha* (Chicken Pox ? Erysepelas).—There are eruptions of vesicles attended with burning sensation, which later suppurate and burst ; a large number of secreting ulcers appear ; there is a peculiar bird-like smell of the body ; looseness of limbs, starting up in terror (Su.). Stomatitis, diarrhœa, ulcers on tongue, palate and throat ; boils on joints and burning in them ; pain and suppuration : boils come up at night and disappear during the day ; boils round the anus ; inability to support oneself, frightened look (Va.).

Treatment :—(1) Sprinkle the body with the decoction of *Calamus Rotang*, *Mangifera inaica*, and *Feronia elephantum* ; (2) anoint the body with oil cooked with drugs of '*Ficus* bengalensis' group and the 'Sweet' drugs group ; (3) apply plasters of *Andropogon muricatus*, *Pavonia odorata*, *Hemidesmus indicus*, *Nelumbium speciosum*, *Prunus puduin*, *Symplocos racemoso. Aglaia Roxburghiana*, *Rubia cordifolia*, Red Ochre, and liquorice ; (4).—fumigate with fumes of drugs given for fumigation in *Skanda Graha* ; (5).—tie a garland of *Asparagus racemosus*, *Citrullus Colocynthis*, *Cucumis sativus*, *Artemisia vulgaris*, *Solanum indicum*, *Ipomœa sepiaria*, *Sida cordifolia*, and *Solanum xanthocarpum* ; (6).—give diet and medicines as for Ulcers (Su.).

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(4).—*Revati Graha* (Green Diarrhœa, Dysentery, Acute Indigestion, &c.).—There are green stools and urine, stomatitis, bruised pain all over the body; the face has blood-red colour; the complexion is deep yellow or dark brown; there is fever, and rubbing of the nose and ears (Su.). Hiccough, turning of eyes aimlessly, twitching of the mouth and its redness, loss of weight, goaty smell of body (Va.).

Treatment :—(1) Sprinkle the body with decoction of *Withania somnifera*, *Hemidesmus indicus*, *Gymnema sylvestre*, *Phaseolus radiatus*, *Phaseolus Mungo*, and *Batatas paniculata*; (2) anoint with oil cooked with *Saussurea Lappa* and resin; (3) apply a plaster of burnt *Dolichos biflorus*, drugs of 'Sarvagandha' group, and conch-shell; (4) fumigate the body with fumes of barley, bamboo seeds, and dungs of vultures and owls, and ghee; (5) tie a garland of *Crataeva religiosa*, *Melia Azadirachta*, *Vitex Negundo*, *Putranjiva Roxburghii*; (6) give a draught of ghee cooked with decoction of *Anogeissus latifolia*, *Shorea robusta*, *Terminalia Arjuna*, *Woodfordia floribunda*, *Diospyros embryopteris*, and drugs of 'Kakoli' group (Su.).

(5) *Putana Graha* (Diarrhœa, Cholera Infantum, Acute Indigestion, etc.).—There are loose stools, thirst, vomiting; tired feeling, disturbed sleep, and goose-flesh skin (Su.). Tremors, dropping of eyelids, hiccough, flatulence, absence of urine, smell of crow to the body (Va.).

Treatment :—(1) Bathe with or sprinkle on the body a decoction of the barks of *Hydrocotyle asiatica*, *Ailanthus excelsa*, *Crataeva religiosa*, *Erythrina indica* and *Hemidesmus indicus*; (2) anoint the body with oil cooked with paste and decoction of *Acorus Calamus*, *Hydrocotyle asiatica*, *Cynodon Dactylon*, *Saussurea Lappa*, yellow orpiment, realgar, and resin; (3) fumigate the body with fumes of (*a*) *Acorus Calamus*, *Saussurea Lappa*, *Ferula asafœtida*, *Anthocephalus Cadamba*, *Elettaria Cardamomum*, *Justicia paviflora*; or of (*b*) *Vanda Roxburghii*, *Careya arborea*, marrow of *Zizyphus Jujuba* fruit, shells of crabs, mustard seeds, and ghee; (4) tie a garland of *Capparis sepiaria*, *Citrullus Colocynthis*, *Cephalandra indica*, and *Abrus precatorious*; (5) give a draught of ghee cooked with the siliceous concretions in *Bambusa arundinacea*, *Saussurea Lappa*, *Taxus baccata*, *Acacia Catechu*, *Santalum album* and drugs of 'Sweet' group (Su.).

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(6) *Andhaputana Graha* ; Syn.—*Drishtiputana* (Measles, Scarlet fever, etc.).—There is fever, cough, vomiting, hiccough, diarrhœa, dislike for breast-milk, œdema, discoloration of skin and tendency to lie face downwards (Su). There are fœtid and variegated stools, drooping of eyes, severe pain, itching, trachoma, ophthalmia, restlessness, hard voice, tremors, sour or fishy smell of body (Va.).

Treatment :—(1) Sprinkle the body with decoction of leaves of trees of the 'Bitter' group ; (2) anoint with oil cooked with wine, acid gruel, *Sassurea Lappa*, yellow orpiment, realgar, and resin ; (3) apply plasters of drugs of 'Elettaria Cardamomum' group, and cold applications to eyes ; (4) fumigate with fumes of feces of a cock, its feathers and skin, cast-off skin of snake, and ragged garment of a monk ; (5) tie a garland of *Mucuna pruriens*, *Dolichos gladiatus* and *Hemidesmus indicus* ; (6) give a draught of ghee cooked with paste and decoction of *Piper longum* root and fruit, *Desmodium gangeticum*, *Solanum indicum* and *S. xanthoxylum*, drugs of the 'Sweet' group, and honey (Su.).

(7) *Shitaputana Graha* (Cholera Infantum).—There is constant diarrhœa, flatulence and gurgling ; severe shivering and constant startling ; comatose sleep ; constant crying ; and bloody smell of limbs and body (Su.). Tremors, nystagmus, thirst, one side of body is warm and the other side cold, sour smell of body (Va.).

Treatment :—(1) Sprinkle on the body the decoction of *Feronia elephantum*, *Vanda Roxburghii*, *Cephalandra india*, *Ægle Marmelos*, *Leea hirta*, *Ficus bengalensis*, and *Semecarpus Anacardium* ; (2) anoint with oil cooked with urine of a cow and a she-goat, *Cyperus rotundus*, *Cedrus Deodara*, *Saussurea Lappa*, and drugs of 'Eletteria Cardamomum' group ; (3) fumigate with dung of owl and a vulture, cast-off skin of snake, leaves of *Gynandropsis pentaphylla*, *Melia Azadirachta*, and liquorice ; (4) tie a garland of *Langenaria vulgaris*, *Abrus precatorius* ann *Capparis sepiaria* ; (5) give a draught of ghee cooked with the decoction of *Soymida febrifusa*, *Acacia Catechu*, *Butea frondosa*, *Terminalia Arjuna* bark, resin, and milk (Su.).

(8) *Mukhamandika Graha* ; Syn.—*Mukhamandita*, *Mukhamandinika* (Chronic Nephritis, Cirrhosis of the Liver).—There are paleness of the complexion, œdema of the face and extremities,

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net-like veins on the body, voracious appetite, and urine-like smell of the body (Su.). There is fever and dyspepsia (Va.).

Treatment :—(1) Sprinkle with decoction of *Feronia elephantum*, *Sesbania egyptica*, the silicious concretions in *Bambusa arundinacea*, *Ricinus communis*, and *Stereospermum chelonoides* ; (2) anoint the body with oil cooked with juice of *Eclipta alba*, *Gynandropsis pentaphylla*, *Withania somnifera* ; (3) fumigate the body with the fumes of *Acorus Calamus*, *Saussurea Lappa*, resin, and ghee ; (4) tie a garland of tongue of 'Chasa' bird and a 'Chirali' bird, or of a snake ; (5) give draughts of ghee cooked with *Clematis triloba*, silicious concretions of *Bumbusa arundinacea*, drugs of the Sweet group and the 'Small Five Roots, and milk (Su.).

(9) *Naigameya Graha* ; Syn.—*Naigamesham Graha*, *Mesha-Graha* (Peritonitis).—There is frothy vomiting, anxious appearance, upward gaze of the eye, orthotonus, constant fever, fits of unconsciousness and fatty smell of the body (Su.).

Encephalitis.—There is flatus in abdomen, straining, thirst, diarrhœa, cough, hiccough, tremors in hand, feet and face ; he closes his fists firmly ; there is a piteous cry of pain, change in complexion, sleeplessness, biting of the lips, stiffening of the boby, and laughter ; one eye is inflamed (Va.).

Treatment.—(1) Sprinkle the body with the decoction of (*a*) *Ægle Marmelos*, *Clerodendron phlomoids*. *Cæsalpinia Bonducella* ; or with 'Sura,' 'Sauvarika,' or 'Dhanyamal' wines ; (2) anoint with oil cooked with *Aglaia Roxburghii*, *Pinus longifolia*, *Hemidesmus indicus*, *Peucedanum graveolens*, *Oroxylum indicum*, cow's urine, liquid curds, and conjee ; (3) fumigate with the fumes of (*a*) white mustard, *Acorus Calamus*, *Saussurea Lappa*, asafœtida, parched rice, *Semecarpus Anacardium*, and *Apium graveolens* ; or (*b*) dung of monkey, owl, or vulture ; (4) tie a garland of *Acorus Calamus*, *Hydrocotyle asiatica*, *Cynodon Dactylon*, and *Nardostachys Jatamansi* ; (5) give a draught of ghee cooked with paste of drugs of the 'Sweet' group, decoction of the 'Ten Roots,' milk or the comb of Date Palm (Su.).

(10) *Shvana Graha* ; Syn.—*Shva Graha* (Diphtheria ?).—There are tremors, horripilation, perspiration, closing of eyes, biting of tongue, sounds in throat, cry like a barking dog ; running ; the body smells like feces (Va.).

(11) *Pitri Graha*.—There is fever, cough, diarrhœa, vomiting, yawning, thirst, horripilation; startling, crying aimlessly,

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convulsions, tossing of limbs, closing of fists, emaciation, change of colour, lachrymation, and decomposition smell to body.

(12) *Sushka-Revati Graha* (Marasmus).—Gradual wasting of body in spite of good feeding, thirst, and sinking in of eyes.

Harita mentions 16 other *Graha* diseases entirely different in ætiology and symptomatology from the above 12 of Sushruta and Vagbhata. He describes the symptoms of eight of them of which the first six occur on each successive day after birth of the baby ; the last eight (21 to 28) have no symptoms recorded.

Causes.—The attack of the malignant star occurs when a child is frightened in a vacant place, or in a temple, or near an idol, or near a river.

(13) *Lohita Putana.*—This occurs on the 1st day of birth : there is foul smell of the body, and it cries frequently.

(14) *Revati Putana.*—This occurs on the 2nd day ; the child cries much, and there are tremors.

(15) *Vayasi* or *Gvankshi Putana.*—This occurs on the 3rd day ; the child cries like a crow, and does not suck milk ; there is fever and diarrhœa.

(16) *Kumari Putana.*—This occurs on the 4th day. The symptoms are very severe ; the child has a vacant appearance ; its mouth is dry, and it cries frequently.

(17) *Shakuni Putana.*—This occurs on the 5th day ; the child does not suck, has fever, and vomiting ; he coughs, has tremors, and cries frequently.

(18) *Shiva Putana.*—This occurs on the 6th day ; there is dyspnœa, vomiting, tremors, fever, and diarrhœa ; the child cries and does not suck.

(19) *Urdhvakeshi Putana.*—The symptoms are like those of *Lohita Putana* (13).

(20) *Sena Putana.*—There is extreme dyspnœa and tremors of the hand.

The other eight Putanas are : (21) *Rohita.* (22) *Vijaya,* (23) *Kali,* (24) *Krittika,* (25) *Dakini,* (26) *Visha,* (27) *Bhutakeshi,* and (28) *Krishnangi.*

Ravana gives twelve other names for these diseases, one for each of the 12 days after birth ; the same 12 diseases, and in the same order, may affect the children every month of the first year of

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their life ; and the same sequence is observed for each of the first twelve years of life. The generic name of the disease is that of a class of demonesses 'Matrika' and their individual names vary.

(29) *Nanda Matrika.*—Occurs on the first day or first month or first year of the life of the infant ; there is fever, delirium, nausea ; it does not take milk.

(30) *Sunanda Matrika.*—Occurs on the 2nd day or in the 2nd month or 2nd year ; there is fever ; eyes are open, limbs are tossed about ; there is no sleep ; the child cries, does not suck, and there is vomiting.

(31) *Putana Matrika.*—Occurs on the 3rd day or in the 3rd month, or 3ad year ; there is fever ; it tosses its limbs ; the child does not suck ; it closes its fists, cries and looks upwards.

(32) *Mukhamandika Matrika.*—Occurs on the 4th day or in the 4th month, or 4th year ; there is fever, the neck bends, the eyes remain open and look up ; the child takes no food ; cries or sleeps.

(33) *Kataputana Matrika.*—Occurs on the 5th day, 5th month or 5th year ; there is fever, it tosses its limbs, takes no food, and closes its fists.

(34) *Shakunika Matrika.*—Occurs on the 6th day, month, or year ; there is fever ; it tosses its limbs, closes its fists, gets up during night or day, looks upwards.

(35) *Shushkarevati Matrika.*—Occurs on the 7th day, month, or year. There is fever ; it tosses its limbs, closes its fists, and cries.

(36) *Aryyaka Matrika.*—Occurs on the 8th day, month, or year ; there is fever ; smell of decomposing vulture to the body ; loss of appetite, and tossing of limbs.

(37) *Sutika Matrika.*—Occurs on the 9th day, month or year ; there is fever, continuous vomiting, tossing of limbs, closing of fists, and excessive sleep.

(38) *Niskrita Matrika.*—Occurs on the 10th day, month, or year ; there is fever, tossing of limbs, nausea, constipation and anuria.

(39) *Pilipichhika Matrika.*—Occurs on the 11th day, month, or year ; there is fever, loss of appetite, upward look, tossing of limbs and vomiting.

(40) *Kalika Matrika.*—Occurs on the 12th day, month, or year ; there is fever, loss of appetite, senseless movements, sighing, vomiting.

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Reports of Societies, etc.

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THE MADRAS AYURVEDIC COLLEGE GRADUATES' ASSOCIATION.

CIRCULAR NO. 3 DATED 25TH JULY, 34.

The association at its meeting held at Avadi under the presidency of Dr. Lakshmipathi B. A, M. B., C. M., Bhishagrathna on 2-7-'34 passed following resolutions :—

1. Resolved that the subscription for membership may be enhanced to Rs. 2.0-0 in veiw of the high expenditure incurred.

2. D. S. P. Raju A. M. A. C., Medical Officer, I. F. Ayurvedic Dispensary, Madukkarai, (via) Podanur, Coimbatore District is elected as the assistant secretary for the Southern Division, Proposed by Dr. M. Nagalingam and seconded by Dr. A. R. Krishnan A. M A. C.

3 Resolved to inform the A M. A. Cs about the deputation work done on 2-7-'34.

4 Resolved to submit to the President, Central Board of Indian Medicine, Kilpauk, Madras, a detailed list of all the A. M. A. Cs and another list of A. M. A. Cs in permanent employment for 'A' calss registration on or before 25th August '35, so that they may not be disqualified in trying for posts in the newly opening dispensaries. Further, all A M. A. C's should submit the enclosed application form to the secretary, even though they have applied for registration already.

List of the Members that attended the said deputation from various districts, namely :—

1. N. Kesavacharlu, (Guntur), 2, K. Krishnayya, 3. Y. Sreenivasacharyulu, 4. P. V. Narasimha Sastry (Nellore district), 5. M. V. Subbarao, 6. V. Narasimha Moorthy (West Godavari), 7. M. Nagalingam, 8. K. R, Meenakshisundaram (Salem District), 9 A. R. Krishna, 10 D. S. P. Raju, (Coimbatore District), 11 R. Subramanyam (Kurnool District), 12 T. Ramakrihnasastry (Cuddapah District), 13 P. Varadarajulu-Naidu (Chengalput District), 14. D. Rangachari (Madras).

NOTICE.

I appeal to all the A. M. A. Cs to become members of the association and to remit their subscriptions with the application form appended herewith immediately, as follows :—

New Members to Rs. 2-0-0 each. Old Members that paid Re. 1-0-0 already to pay the balance of Re. 1-0 0 each. All the subscriptions should

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be remitted before the 10th of August 34 and Donations from the wealthy associates will be received thankfully for the advancement of the association. Otherwise membership shall cease and the opportunity for the registration in September will be lost. Kindly intimate to me the names of all of our graduates working under local bodies and practising privately in your district, with their address. Treat this as specially urgent.

(PRIVATE CIRCULAR FOR MEMBERS ONLY)

Regarding Deputation :—

A number of graduates of the Madras Ayurvedic College headed by the Ex-Principal Dr. Lakshmipathi B. A., M. B., C. M., with the secretary Dr. N. Kesavacharlu A. M. A. C. interviewed M. R. Ry. Vidyaratna, Dr. G. Sreenivasa Moorthy B. A., B. L., M. B. C. M., at Government School of Indian Medicine on 2-7-'34 at 2 P. M. in connection with Registration. The Principal received them very courteously and discussed a number of points regarding certain difficulties explained by the members of the deputation. The chief point related to their registration in 'A' class. The Principal said that it was only a matter of the Board being satisfied as regards their training in Medicine, Mid-wifery and Surgery.

As these subjects were in the curriculum of the College and as they received a regular Hospital training, there ought to be no difficulty in getting them admitted into the 'A' class. He said that a formal enquiry had to be gone through and promised to support their claims when occasion would arise. Regarding other matters which related to the indents he said that if they wrote to him individually he would give due consideration for them.

1. N Kesavacharlu, A. M. A. C., Secretary.
2. K. Krishnaiah, A. M. A. C.,
3. M. V. Subbarao ,,

Assistant Secretaties,
(For Northern Division.)

4. D. S. P. Raju, A. M. A. C. and A B. (All India)
5. R. Sreenivasa Rao, A. M. A. C., A. L I M.

Assistant Secretaries.
(For Southern Division.)

N. B. Dr. Krishniah, Asst. Secretary is now at Madras preparing lists of old and present students.

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Form of Application to be filled up and returned to the Secretary.

1. Name

2. Qualifications 3. Age

4. Total years of temporary or Permanent Service

5 Scale of present pay 6. Grade

7. Allowances if any

8. Service if a private practitioner

9. Name of the dispensary

10. Place Post

Taluk District

(*Signature*)

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Reviews and Notices of Books.

—:o:—

The Hand Book of Indian Medicine

Or

The Gems of Siddha System (in English).

By Dr. T. G. Ramamurthi Iyer, Medical Officer, Taluk Board Siddha Dispensary, Avalpundurai, Erode, Madras ; Published by Sri Vani Vilas Press, Fort, Erode, Madras, 1933, pp. 540, price Rs. 5/-, Foreign S. 10 only.

We have received a copy of the work from the author himself for review. The present work is first of its kind, as it happens to be the first attempt so far made in presenting the Siddha System of treatment before the public in English. It might not be unknown to our readers that there are many secret and useful remedies in the Siddha System, unknown to those who are not familiar with the Tamil language. Dr. Ramamurthi Iyer has, in the pages of his newly published book, removed a long-felt want in making it possible for us to become acquainted with the hitherto unknown Gems of Siddha System and as such the author deserves thank from all quarters.

The book in a nutshell presents to the reader a brief history of the Siddha System, philosophy of creation, history of diseases and their cure, as also treatment of diseases according to this system together with the methods of diagnosis according to the Hindu system. The book deals with an old system with ideas modern but though the mixture may seem queer to some, yet the book contains a mine of really valuable information regarding some of the fundamental principles and reputed remedies of the Siddha System of medicine.

The value of the book is all the more enhanced when we learn that the foreword of the book has been written by no less a person than Dr. David C. Muthu and that the views of the author are always supported with quotations from works of standard authors.

In our opinion the book will be found to be really useful to all shades of medical practitioners in various ways and as such will have a large circulation.

Tridosh Mimamsa.

We have received a copy of the above book for review. The author is Swami Harisaranand Vaidya and the book is published by Messrs.

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Ayurveda Vijnan Granthamala Office, Amritsar while the price is Re. 1/- only.

From the title of the book it will be apparent to all that it deals with the ever new theory of "Tridosha" on which rests the whole principle of Ayurvedic system of treatment. The book contains, within its closely written 223 pages, a brief history of Ayurveda including its origin and development as a science of healing art, origin of Tridosha theory, its different interpretations, its relation to the human system and its physiological as also pathological forms in respect to the different parts of the human body.

The book further presents to the reader a brief history of the pathological changes of the human system in different diseases as interpreted through these three Doshas together with indications for medicines, suitable for individual cases, based on the pathology of Tridosha alone. The principle of selecting medicines has become all the more reliable, as the remedies suggested have all been tried physiologically *i. e.* in undiseased media. The author has also not failed to give us directions for selecting right medicines whenever necessary. In a word, the book has been a very helpful guide for students of Ayurveda who wish to treat cases according to the fundamental Tridosh theory in relation to the human body as also to remedies that possess various Rasas and Gunas which act and react on the Tridoshas that guide the human body as Tridhatu in their normal condition and bring on disease in same as Tridosha in their pathological form.

The book is written in easy Hindi language and although there are a few printing mistakes in it, yet the author has added an Errata at the end and has thus made good the shortcoming on the part of the printer's devil.

We have no doubt that the book will have a very good circulation amongst Hindi knowing Kavirajes.

H. N. C.

INDIAN SCIENCE OF PULSE

OR

BHARATIYA NADI VIJNANAM.

We have received the first volume of the above work by Rajvaidya Kaviraj Prabhakar Chatterjee, M. A., Jyotirbhusan, Visagacharyya, Principal, Calcutta College of Ayurveda for review.

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The book contains an introduction consisting of 40 pages in which a brief survey of the Tridosha theory of Ayurveda in connection with Pulse has been made while the text portion of 112 pages is replete with original quotations from authoritative Sanskrit works on Ayurveda together with the author's English rendering of them. In compiling this valuable work the author had to read many original Ayurvedic works and that too between the lines, in order that he could separate the chaff from the grain, as the original Ayurvedic and Tantric works on this Science of Pulse may easily form into a big decent library by themselves.

We are also given to understand that the work will run up to several volumes and as such will be really a valuable addition to the already existing works on Ayurveda, as there is not a single systematised work on this particular subject, although the Science of Pulse is perhaps the most important part of the Science and art of Ayurvedic treatment. In our opinion, the work will prove interesting not only to the votaries of Ayurveda but also to those professing other systems of treatment as well, as it will help the reader to diagnose and treat cases according to a method that may be said to be above all dispute, besides supplying him with sure and authentic indications for prognosis.

The price of the present volume is Rs. 2/8/- only and it is available with the author himself.

Infantile Cirrhosis of Liver

By Dr. Jammi Venkataramanayya, in English and Bengali, published from Madras and from 125, Harrison Road, Calcutta.

The above small compilation contains in a nutshell the history, etiology, pathology and diagnosis of Infantile liver, which fell disease takes a heavy toll in the infantile mortality figure of India every year. Dr. Venkataramanayya has not only given a brief history of the disease in his little booklet but has also published a very exhaustive method of treatment for same, both specific and general, together with auxiliary methods, such as diatetic and hygienic. In our opinion every physician should possess a copy of this valuable compilation for guidance. The book is distributed free on application to the author.

H. N. C.

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Reports of Cases

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A CASE REPORT.

A Hindu named Sj. Kanailal Mukherjee, aged 32 years, was admitted in to the V. A. M. hospital with the following complaints :—(1) Pain in the hepatic region, (2) Fever with pain in the chest and cough, (3) Loss of appetite. (4) Constipation, (5) Scanty Urine.

PERSONAL HISTORY :—

The patient stated that he had an attack of Pneumonia about 15 years back and was cured and thenceforth he had no other disease till the present complaints appeared since 5 days. He was addicted to alcohol and other intoxicants as Cannabis Sativa, Siddhi etc. He neither gives history of "S" nor "G".

GENERAL SURVEY :—

(1) Eyes deeply yellowish, (2) Loss of appetite, (3) Constipation, (4) Redishness and elivation in the Hepatic region, (5) Difficult respiration. Findings.

1. *Alimentary System*—Tongue coated and dry, constipation, loss of appetite, agonising pain over the hepatic area while it is touched and severe type of hepatitis, Spleen normal.
2. *Cardio Vascular System*—Pulse rapid and 130 per minute.
3. *Respiratory System*—Inspection—Respiration abnromal, say 44 per minute ; Purcussion—Dullness over the lower lobe of the right lung.
   Auscultation—Tubular breathing, Friction, Rales and Ronchi prominently heard in the right lung.
4. *Renal System*—Urine scanty and yellowish in colour. Quantity of urine 37 to 40 oz. in 24 hours.
5. *Nervous System*—Insomnia, restlessness and heaviness of the head.

PATHOLOGICAL FINDINGS :—

Blood :—Haemoglobin 60%, R. B. C. 3070000 per C. Cm., W. B. C 10250 per Cubic Cm., Poly. 80%, large 5%, small 15%, Eos. nil.

Urine :—Albumin and Bile present.

MICROSCOPICAL EXAMINATION.

Pus cells and granular casts present. Diagnosis was made from the standpoint of Ayurveda as one of the सान्निपातिक fevers (Pneumonia).

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Treatment adopted in the hospital was as follows :—

Shringarabhra शृङ्गाराभ्र Narasar नरसार	1 pill 1 gr.	with 1 oz. juice of adhatoda vasika and ½ oz. honey, at 7 A. M., 1 P. M. and 4 P. M. —Rasendra Sara Sangraha.
Brihat Vatachintamani	1 pill ...	with the decoction of Arjuna bark and the root of Sidacarpinifolia (वला) at 7 P. M. —Bhaishajya Ratnavali.
Rasaraj Rasa	1 pill ...	with honey at bed time. —Bhaishajya Ratnavali.
Sponging	...	every morning. —Charaka.
Saline-water enema		every evening
Poultice of mustard cake	...	applied over the hepatic area.
Mixture of mustard oil and camphor	...	for rubbing over the chest and back with fomentation 4 times daily.
Triphala decoction	...	to wash the eyes 3 times a day.

DIET.

Diet was mainly honey water, milk and sago.

The patient was quite on the verge of death on the 6th day of admision, i. e. on the 11th day of the onset of fever, when at night, he was given tepid water bath as directed by Charaka* as a resutt of which he showed remarkable improvement from the next morning and was ultimately free from all ailments in 10 days.

*अभ्यङ्क्ताञ्च प्रदेहांश्च परिषेकावगाहने ।
विमज्य शीतोष्णतया

(चरकचिकित्सास्थानम् तृतीयोऽध्यायः)

I am much grateful to our visiting physician, A. Raman, Ayurveda-charya under whose care the patient became allright, for kindly allowing me to publish the report.

BIBHUTI BHUSAN BANERJEE,
Student-in-charge,
Vishwanath Ayurved Mahavidyalaya
Hospital, Calcutta.

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Notes on Drugs.

—:o:—

READER

In the management of the ordinary accident and wound cases local treatment generally requires a surgical dressing which, also, is an efficient antiseptic. To be an ideal antiseptic, however, it must be one which, while inhibiting the bacteria in vivo, will not destroy the tissues and break down their natural resistance. It must be one which will nourish, support and promote the cells in their rehabilitating process whlie exercising their antiseptic powers.

There are, of course, countless antiseptics and surgical dressings for the practitioner to select from, but as an application, fulfilling the requirements of an ideal antiseptic surgical dressing, few preparations are better adapted for the purpose than Antiphlogistine. A glance at its formula—45% c. p. glycerine, boric acid, a minute quantity of salicylic acid, iodine, oils of peppermint, gaultheria and eucalyptus, blended in a base of the finest dehydrated silicate of aluminium—will easily explain the reason fot its efficacy in the treatment of injuries and accidents.

When abplied direct to a punctured, contused, or incised wound, Antiphlogistine lessens the chances of infection. In suppurative wounds it aids in diminishing the amount of wound exudate. A spereading lymphangitis may be inhibited or diminished through its use. In cases of dislocations, sprains and synovitis it helps to relieve inflammation, swelling and pain. In burns it shonld be applied cold, when it favors healing, promotes growth of epithelium with minimum of scar tissue. It is not a dressing that causes pain on application and removal, nor is there the least danger of its bleaching or macerating the skin. Soothing, decongesting and healing, it lends protection to a wound.

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THE JOURNAL OF AYURVEDA

Vol. XI.] October, 1934. [No. 4.

Dr. Mrigendralal Mitra Passes Away

A TRAGIC DEATH

Sudden Seizure of Heart Trouble.

Death occurred under tragic circumstances at 6-45 on Friday morning, the 5th instant, of Dr. Mrigendralal Mitra, the eminent surgeon, at his residence at 10 New Park Street, Calcutta, at the age of sixty-seven.

Dr. Mitra had arranged to leave for Ranchi by car in morning. As a matter of fact, two of his sons had already left by car for Ranchi and Dr. Mitra and his wife, Mrs. Hemlata Mitra, were to follow in half-an-hour in another car. Everything was ready for the motor trip to Ranchi and Dr. Mitra had actually taken his seat in his car when he had a sudden heart-seizure and collapsed in the car itself. He was carried into the house but expired within a few minutes.

An S. O. S. was sent along the Grand Trank Road to stop his two sons who had already left in their car for Ranchi and the cremation was delayed in order to enable his sons to have a last look at the mortal remains of their dearly beloved father. They were given the stunning news at Burdwan whence they returned post-haste to Calcutta.

The news of Dr. Mitra's sad and sudden death soon spread in the city and people representing different sections and communities assembled at his house to pay their last respects to the deceased.

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In the afternoon the body was taken in a procession by the students of the Carmichael Medical College and others. The funeral procession stopped in front of the Marwari Hospital in Amherst Street and Sadharan Brahmo Samaj in Cornwallis Street whence the procession wended its way to the Carmichael Medical College where the students and the members of the staff of the College and Hospital had assembled to pay their last respects to their beloved Professor. Floral wreaths were offered by the staff, the students, ex-students of the College and the members of the St. John Ambulance Brigade. Sir Nilratan Sircar feelingly referred to the qualities of head and heart of Dr. Mitra and placed a wreath on behalf of the students and staff. A wreath was offered on behalf of the House staff of the hospital and ex-students by Dr. Jiten Ray. Floral wreaths were also placed by Lt. Col. K. K. Chatterjee on behalf of St. John Ambulance Brigade.

Among those present there were :

Sir Nilratan Sircar,
Dr. M. N. Bose,
„ N. Bose,
Prof. S. C. Mahalanobis,
Dr. B. N. Ghose,
Lt. Col. K. K. Chatterjee,
Dr. Subodh Dutt,
„ Bireswar Mitter,
„ Harihar Ganguly,
„ Indhu Bh. Basu,
„ Brojaballav Saha,
„ S. K. Sen,
Prof. M. K. Sen,
Dr. T. N. Majumdar,
„ H. Mukherji,
Dr. C. C. Bose,
„ T. Podder,
Prof. S. Bhattacharjee,
Dr. P. C. Ray,
Capt. R. Banerji,
Dr. B. Mitter,
„ S. Maitra,
„ P. N. Ray,
„ Sunil Kr. Dutta,
„ S. C. Dutt,
„ P. Rakshit,
„ J. K. Dutt,
„ Pasupati Bose,
„ S. Gupta,
„ S. Roy,

The procession then resumed its mournful journey to Nimtola Burning Ghat where the last rites were performed in the presence of a big gathering.

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Among those who went to Nimtala Burning Ghat were Dr. B. C. Roy, Mr. J. C. Mookherjee, Miss Jyotirmoyee Ganguli, Mr. J. C. Gupta and Dr. N. Basu.

Dr. Mitra leaves behind him his widow, Mrs. Hemlata Mitra, three sons (the youngest of whom left for England only a week ago) and three daughters.

In the death of Dr. Mrigendralal Mitra the medical profession has lost one of the most brilliant surgeons that Bengal has ever produced, while Calcutta a prominent citizen who identified himself with every progressive movement, and numerous public institutions, a sincere well-wisher and a generous patron.

Short Life Sketch

Born on May 27, 1867, Dr. Mitra passed the L. M. S. of the Lahore University in 1892. He served as an Assistant Surgeon in the Central Provinces and was transferred to Bengal in 1894 through the good offices of Sir John Woodburn, the then Lieutenant Governor of Bengal who himself was treated by Dr. Mitra. From Berhampore he was then transferred to the Campbell Hospital as a Professor of Surgery. In 1902 he went over to England and passed the F. R. C. S. (Edinburgh) and M. D. (Brussels). He retired from Government service in 1902 and then joined the College of Surgeons and Physicians as a Teacher of Surgery in the school department.

Dr. Mitra had been Professor of Surgery of the Carmichael Medical College since 2-6-1919, jointly with the late Lt. Col. Suresh Prasad Sarbadhikary, C.I.E.M.D., till the latter's death on March 10, 1921 and thereafter Professor-in-charge of the Surgical Department and Surgeon to the College Hospitals till the time of his death. He was a member of the Council of the Carmichael Medical College and Hospitals for many years. He also officiated as Principal of the College on more than one occasion. He had been an Examiner in Surgery

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of the Calcutta Medical School, since 1911 which institution ultimately developed into Carmichael Medical College. He had been an Ordinary member of the Medical Education Society of Bengal since 1919 and a Life Member of the Society since 1921.

For several years he was a Fellow of the Calcutta University and a Member of the Faculty of Medicine. He was a Foundation Member of the Bengal Medical Association and its first Secretary and Secretary of the first Indian Medical Conference held in Calcutta. During the Great War he conceived the idea of manufacturing anti-septic dressings and started the Lister Anti-Septic Dressing Company. He re-visited England in 1920.

He wrote a book on surgery (both in Bengali and English). He was the author of the Bengali novel "Muktir-Pathe" and also wrote a book entitled "Mishar Jatri Bangali". He was the Chief Medical Officer of the National Insurance Co. from the date of its foundation. He was also a visiting surgeon of the Vishudhananda Marwari Hospital and the Cossipore Haspital.

Corporation's Tributes

The Calcutta Corporation on the day of his death passed a resolution of condolence at the sudden and tragic death of Dr. Mrigendralal Mitra and adjourned its meeting as a mark of respect to the memory of the deceased.

Mr. Santosh Kumar Basu moved the following resolution :

"The Corporation places on record their sense of deep sorrow at the sad and sudden death of Dr. Mrigendralal Mitra, an eminent surgeon, a leading citizen and one whose services, particularly to the cause of medical education, as a foundation professor of the Carmichael Medical College, as a Fellow of the Calcutta University and in various other spheres, will be long remembered by his admiring countrymen.

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That the Corporation conveys its deep sense of sympathy to the members of the bereaved family.

That a copy of the resolution be sent to Mrs. Mitra".

Moving the resolution, Mr. Basu pointed out that Dr. Mitra was an outstanding citizen of Calcutta. His many-sided activities in the educational, social and scientific spheres made his name a household word in this city. His charities, particularly in the shape of free service to those who needed his professional assistance were very well-known. He was extremely unostentatious. He had succeeded in leaving behind a name and a reputation well worth emulation by those who are workers in the cause of intellectual, social and scientific advancement of our country. Mrs. Mitra has been well-known as one of the foremost social workers of this city, particularly in the cause of education, improvement of the health of the children of the poor and middle classes and their heartfelt sympathy goes to her and other members of the bereaved family in their great loss.

Mr. A. Rezzak seconded the resolution.

Moving adjournment of the business of the House as a mark of respect to Dr. Mitra, Mr. C. C. Biswas pointed out that the news had come as a great shock to all of them. It was so sudden that they were painfully reminded that in life they were verily in the midst of death.

After describing the tragic circumstances of his death, Mr. Biswas pointed out that Dr. Mitra identified himself practically with every movement for the welfare of Calcutta and along with that gifted lady, his wife, whose untiring efforts in the cause of the poor and the depressed would never be forgotten, he did yeoman's service in the various fields of his activities. In his death they should like to feel that "Death is like a valet, who after a hard day's ride through fog and mud, takes off the dirty garments and clothes the man in purple and fine linen."

Mrs. Nellie Sen-Gupta said that she had known Dr. Mitra ever since she came to India and she had not known

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a man more kind and more jovial. He was always with a smile for every one. She recalled that when the late Deshapriya Jatindra Mohan Sen Gupta was in Ranchi, Dr. Mitra happened to go there. Immediately he came to see Deshapriya and used to visit him every day and spent some time with him and it was a great joy to her husband to have some one to talk to in those days of detention and illness. They should miss Dr. Mitra very much indeed. Their heartfelt sympathies went to Mrs. Mitra and other members of the bereaved family.

Dr. J. N. Maitra said that as one who had the opportunity of sitting at the feet of this distinguished surgeon of the city and as one who knew him personally, he could say that he was the best surgeon that Bengal had ever produced.

After giving a short sketch of his life, Dr. Maitra said that Dr. Mitra had hardly made an enemy not only in his own profession but in every sphere of his public activities. He had a soft corner for the students not only of his college but for the student community as a whole. Many a student were benefited by his charities of which the public did not know anything. He believed that the prosperity of his country depended on industrial regeneration and for that purpose he started the manufacture of anti-septic dressings in Calcutta which was the first venture of its kind in India. He wrote books not only in his own line but was also the author of a Bengali novel named "Muktir-Path."

Mr. J. C. Gupta said that they had lost one who was every inch a gentleman.

Mr. Prabhudayal Himatsinghka associated himself with all that had been said by previous speakers and referred to Dr. Mitra's connection with the Marwari Hospital. The members of the Marwari community would keenly miss him.

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Khan Bahadur Abdul Momin said that Dr. Mitra's death had created a gap in the social life of Calcutta which it would be difficult to fill up.

Speaking on behalf of the European Councillors, Mr. L. U. Pottinger said that the European Councillors, although they did not know Dr. Mitra personally, wished to join whole heartedly with the motion for adjournment and the expression of sympathy with the members of the bereaved family. Captain D. Ahmed, Messrs. Bhupendra Nath Banerjee, Abdul Kassem and M. Majumdar also associated themselves with the sentiments expressed by previous speakers.

The Mayor, Mr. Nalini Ranjan Sarker, said that it was a great privilege to be intimately known to Dr. Mitra. In his death Calcutta has lost a prominent citizen and the medical profession a great surgeon. He had a genial personality and he was very amiable by nature. He used to take a lot of interest in public affairs and was a pioneer in one industry. The Mayor conveyed his heartfelt condolence to the members of the bereaved family.

Dr. B. C. Roy's Tributes

Paying his tributes to the memory of Dr. Mrigendra-lal Mitra, Dr. B. C. Roy said in the course of an interview to the Press : "A true surgeon is said to have a—

'Heart that never hardens
Temper that never tires
Touch that never hurts'

The late Dr. Mrigendralal Mitra fulfilled this role of a true surgeon. He was good, great and gifted. The blow has been too sudden. May God grant his family solace and comfort in the knowledge that he lived and died for the people whom he served with thoughtful devotion."

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Original Articles

GAYADASA

(1050 A. D.).

By

Dr. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

Bhisagacarya.

Calcutta.

(*Continued from our last issue.*)

108. अत्र गयो तु तैलं भल्लातकस्येत्यादि सर्व्वं योगान्तरं कृत्वा कोशातकीभिरित्यादि पठति। P. 835

109. गयो तु व्रणक्रियास्विमास्वेव संक्षेपोक्तास्विह क्रियामिति पठति। P. 840

110. गयो तु

पृष्ठे व्रणो यस्य भवेत् अनुत्तानः शयीत सः।
अतोऽन्यथा चोरसिजे शयीत पुरुषो व्रणे॥

इति पठति। P. 846

111. गयो तु अजवर्त्तजपयः स्नेहात् त्रिवृतमित्याह। P. 848

112. गयो तु अजाघृतस्य प्रस्थं क्षीरस्य पुनराढ़कं मधूकादीनि चत्वारिद्विपलिकानि अष्टपलत्वेन घृतस्य षादिकालीत्याह। P. 848

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114. गयो तु एषां द्रव्याणामाढ़कं सलिलाढ़कैश्चतुर्भिः क्वथितम् आढ़कशेषेण कषायेण अश्वकर्णादित्वकपादकल्कं तैलप्रस्थं पाचयेदित्याह। P. 852

115. See Jaijjata, No. 39. P. 856

116. गयो तु अवनामितमित्यादि पठित्वा पञ्चस्थापनोपायमाह। P. 861

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117. गयो तु संक्षेपशब्देत आकुञ्चनमाह। P. 861

118. गयो तु बलवत्तरपुरुषहस्तद्वयोपरि गृहीतपाणिपादङ्घ्रिद्वयत्वात् भ्रमणजवेन निरन्तरभ्रान्तस्य भग्नवतः पुरुषकायस्य चक्राकारोपलम्भाद्युक्तश्चक्रयोग इत्याह। P. 862

119. गयो तु उभेऽपि हस्ततले तत्रैकस्य भङ्गे वामं दक्षिणेन दक्षिणकामेन, उभयोस्तु भङ्गेन तत्समेन काष्ठमयेन कृत्वा हे अपि वध्नीयादेवं दाढ़ं भवतीति मृत्पिण्डादिधारणमात्मकर्म्मप्राप्तर्थं। P. 864

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122. गयो तु मस्तिष्कादिकं नस्यान्तं सर्व्वमूर्द्धकायगतभग्न एव प्रशाखासुवस्तिरिति व्याख्यानयति। P. 868

123. गयो तु तिलचूर्णास्थि चत्वारो भागा भागश्चैकः प्रकीर्त्तितः। तथा यष्ट्याह्वादीनां शतपुष्पान्तानां द्वितीयो भाग इति षड़भागा इति व्याख्यानयति। P. 869

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129. गयो तु अजगन्धा क्षेत्रयमानो इत्याह। P. 895

130. गयदासेनाप्युक्तम्

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हे चतुर्थेऽनिलेप्येवं पञ्चधाबृंहति विंशति। P. 896

131. गयदासेन व्याख्यातत्वात् मयापि व्याख्यातः। P. 898

132. गयदासस्तु कफानुबद्धरक्तजेषु। P. 904

133. See Jaijjata. No. 50. P. 905

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134. तुलामित्यन्ये पठन्ति व्याख्यानयन्ति च द्विपञ्चमूल्यादीनाञ्च प्रत्येकं तुलां पलशतं तन्नेच्छति गयी। P. 906

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137. अन्ये नीलोत्पलमाहुः। तन्नेच्छति गयी। P. 912

138. गयी तु शल्यस्येतिपदं परित्यज्य निःस्यन्दपरिवृद्धत्वादित्येवं पठन्ति व्याख्यानयति च। P. 916

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146. See Jaijjata, No. 54. P. 940

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151. गयी तु पिप्पल्यादि मधुसर्पिषामन्यथा भागं कृतवान्। P. 946

152. See Jaijjata, No. 56. P. 954

153. गयी तु तत्र पूराणस्य मधुनः कषायमधूरीभावमात्रं प्रमाणम्। P. 959

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159. अहनि तस्मिन्नेव दिवसे। तन्नेच्छति गयो। P. 993

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167. गयो तु क्रियाकरणम् विधानम्। P. 1087

168. गयो तु तत्र कन्यकाया: पायसमिति पठति व्याख्यानयति च। P. 1088

169. गयो तु लघुकोष्ठाय यथाक्रममामाशयपक्वाशयहृदयेषु पक्वताव-गतानेमान्नसारसीरवार्येति व्याख्यानयति। P. 1099

170. गयो तु विसरणस्वभावत्वं विकाशिनो भावित्वं सरत्वमाह। P. 1119

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172. गयो तु पिच्छावस्तिं चास्मै दद्यादित्यनन्तरं पिच्छावस्त्यभ्यङ्गेन क्षीररसयाश्वेनमित्यादिपाठं पठति। P. 1127

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स्नेहपानपूर्व्वकस्यानुवासनपूर्व्वकस्यस्थाप्य चास्थापनावस्था गयदासेन दर्शिता। P. 1147

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178. गयदासस्तु वातवृद्धादिजनितोपचयपूर्व्वक वातादिदोषप्रकोपमध्यबल, पञ्चादशकालेनाप्यक्लृप्त दोषप्रकृतस्वस्थाभ्यां पूर्व्ववृद्धत्वादेर्लाभोऽकालेनाप्यक्लृप्तार्थमष्टौ द्वयोरेकास्याशीति शीलननिषेधाय दोषं दर्शयन्नाह। P. 1157

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180. गयदासस्तु परिभाषितं पलप्रमाणं स्नेहवस्तिमत्र देयं न मन्यते। P. 1167

181. गयो तु चटकाण्डद्रवक्वाथ उच्चटोषेषु ते तथैवेति व्याख्याति एतेनोच्चटयाः क्वाथमन्यतोच्चटद्रव्यन्तु स्वरूपेणैव गृह्णाति। P. 1178

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188. शुक्तिप्रमाणं जिघ्रेद्वा तद्वदुष्णेन वावसेति तर्ज्जन्यङ्गुष्ठाग्रपात्रं ग्राह्यं गयी तु प्रदर्शनानन्तरमवपीड़प्रधमने प्राह। P. 1201

189. कुलगुणसम्पन्नं सूत्रेणसह चतुर्व्विधम् इत्यन्ये तन्नवम् इति गयी। P. 1207

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194. गया तु नाराचस्थाने वल्लोजं पठति। P. 1219

195. उग्रवीर्य्याणि उत्कटशक्तीनि गयो तु अग्रवीर्य्याणीति पठति व्याख्यानयति। P. 1222

196. गयदासश्चात्र आलानविषा इति पठति। P. 1229

197. See Jaijjata, No. 79. P. 1238

198. See Jaijjata, No. 80. P. 1263

199. इति शिरीषेङ्गुदचूर्णन्तु इति पठित्वा गयदासः अनयोः पत्रचूर्णमिति व्याख्यानयति। P. 1263

200. गयदासस्तु जालिनो मदनाङ्काठेत्यादि स्थाने सुवान्तो जालिनीक्वाथैः सारमङ्कोटजं पिबेत् इति पठति। कुक्कुन्दरेणेत्यादि कुकुन्दर-दष्टलक्षणं तच्चिकित्सितञ्च गयदासोऽन्यथा पठति। P. 1264

यथा कुच्छुन्दरेन यो ग्रीवास्तम्भो विसूचिका।
यवनालर्षभौचोरं बृहत्यास्त्र दापयेद्॥

201. कोथः पूतिप्रादुर्भावः क्षेतां क्षेतस्यन्दां क्षेतामित्यत्र गयदासः श्वेष्ठामिति पठति। P. 1265

202. गयदासस्तु शालतमालमधुकानामिह फलानि चेति शिरीषसम्बन्धः। P. 1267

203. गयदासस्तु यदि एस्यत्यदष्टोऽपीत्यादि एवमदष्टस्यापि इत्यादि पठति। P. 1269

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204. क्षीरेण उष्णेन भोजयेदिति अन्नं गव्येनाज्येन वा भोजयेदिति गयदासाचार्य्यः। P. 1271

205. गयदासस्तु शिरीषपिचुमर्दं ककुभारूष्करमधुकशिग्रुकान परित्यज्य त्रिंशदेव पठति पिप्पल्यादिप्रावापेषु च मरिचसोमगुडालवण-चक्रालान परित्यज्य त्रिंशद्द्रव्यानि पठतिः॥ P. 1274

206. तिलपर्णिकं कोवरको डुलुन्नल इति लोके गयो तु तैलपनिकः। P. 1275

207. See Jaijjata, No. 85. P. 1276

208. यतः पञ्चाशीतिरङ्गनामाधिक्यं स्यात् कुमुदोत्पल पद्मानि पुष्पं वापि तथार्कजमित्यत्रस्थाने पाटलाकश्मरीशेलुशिरीष प्रसवानि चेति गयादासाचार्य्यः पठति। P. 1276

209. See Jaijjata, No. 86. P. 1278

210. ,, ,, ,, 87. P. 1281

211. गयदासस्तु भृङ्गस्वरसपिष्टा वा इत्यादि पठित्वा पिपीलिकादिव्रये दष्टे भृङ्गराजरसपिष्टकृष्णवल्मीकमृत्तिकालेपं प्रतिपादयति। P. 1286

212. गयदासस्तु त्रयोदश प्राणहरास्त्रयोमध्या स्तथापरे मन्दवीर्य्या दशैकश्च वृश्चिकविषवेदिभिः। सप्तविंशतिरित्येते संख्यायः परिकीर्त्तिताः। P. 1287

213. गयदासस्तु कृष्णाग्निवक्त्रयो र्नियतासध्यत्वमङ्गीकुर्व्वन् सौवर्णिकादिक्रमेण अग्रेलक्षणमात्रमेव पठति। P. 1295

214. गयदासस्तु निम्बपत्रमित्यस्य स्थाने शिखीवंश इति पठित्वा व्याख्यानयति। P. 1298

215. गयदासस्तु सनातनत्वाद्देदानां अक्षरत्वात्तथैव च इत्येदोदृशं व्याख्यानयति। P. 1299

216. गयो तु उपसर्गादयो मानुषोपसर्गादयः। P. 1301.

217. तच्च वृहत्पञ्जिकाकारो न पठति। P. 1301

218. अतोऽन्यानपि समाधानानि पञ्जिकोक्तानि सन्ति। P. 1302

219. स च पाठः पञ्जिकाकारेण निरस्तः। P. 1306

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220. See Jaijjata, No. 89. P. 1310

221. अकस्माच्च स्रवेद्रक्तमिति क्वचित् पाठस्तं पञ्जिकाकारो न मन्यते। P. 1311

222. क्षणत्वमापन्नमिति केचित् पठन्ति तं पाठं पञ्जिकाकारो नाङ्गीकरोति। P. 1312

223. अयं रोगः पिञ्जाख्य केनचित् कथितः तत्र पञ्जिकाकारो न मन्यते। P. 1312

224. See Jaijjata, No, 90. P. 1313

225. मया तु पञ्जिकाराभिप्रायेण अनेनैव क्रमेण पठितम्। P. 1319

296. पञ्जिकाकारेण च विदेहोक्तं प्रकारद्वयेन हताधिमन्थलक्षणं दृष्ट्वा न्यूनता दोषभयात् पाठद्वयमपि पठितम्। P. 1324

227. स पुरुषः सर्व्वान्येव पश्यतीत्यत्र कदाचिदथ पश्यति इति पञ्जिकाकारः पठति। व्याख्यानयति च कदाचित् न सर्व्वकालम्। P. 1327

228. स्थूलकाचस्येवारूणा प्रभा यस्य तत् तथा एवं पाठः पञ्जिकया दूषितः। P. 1331

229. अन्ये वर्णत्वक्शब्देन कर्निकार वृक्षस्य वल्कलं कथयन्ति। तत् नेच्छति गयो।

पञ्जिकाकारस्तु चन्दनोदुम्बरं भृशतरं चूर्णितम् वदति। P. 1343

230. पञ्जिकायान्तु व्योष मनश्शिलाश्चेत्यनन्तरम् मुर्व्वा च जाति-मुकुलानि चापिपिष्टस्त्रुनैतान् वितरेत्तथैवेति व्याख्यानञ्च। P. 1346

231. केचिद्वमनविरेचनैरेव कफादिकं दोषं निर्हरेदिति मन्यते। एतच्च पञ्जिकाकारेण दूषितम्। P. 1366

232. केचित् त्रिफलाया रसप्रस्थमित्यादिकं विदेहोक्तं त्रिफल-मामनन्ति। तन्नेच्छति गयो। P. 1369,

233. इदमञ्जनमेकीयमताभिप्रायेण गयदासाचार्य्येण पठितं व्याख्यातञ्च। P. 1373

234. अन्ये तु जात्यकोक्तत्वात् वातपित्तकाचापहं वदन्ति तन्नेच्छति गयो। P. 1376

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235. केचिदमूं पुटपाकं रागिणि कफतिमिरे वदन्ति तन्नेच्छति गयी। P. 1378

236. एकाहं वाते त्र्यहं पित्ते पञ्चाहं कफे इति गयी। P. 1388

237. केचित् शारीरी शब्देन अङ्गुलिमाचक्षते। तन्नेच्छति गयी। P. 1398

238. अन्ये त्वञ्जनोक्तेन हीनयोगातियोगचिकित्सावीजेन पुटपाकादि-हीनादियोग चिकित्सितं व्याचक्षते तन्नेच्छति गयी। P. 1401

239. अन्ये तु ब्राह्मणरसेन परिभावितं अञ्जनार्थमिति पठन्ति तन्नेच्छति गयी। P. 1408

240. षञ्जिकाकारस्तु सजलञ्च सदुग्धञ्च इत्यत्र पादिकं जलदुग्धाभ्याम् इति पठति। P. 1417

241. अन्ये तु आरग्वधशिरीषजम्बुसर्ज्जाश्वकर्णजं षञ्चकषायचूर्णं कथयन्ति। तच्च ठीकापञ्जिकाभ्यां नाङ्गीकृतम्। P. 1418

242. वसावलासक्षतसम्भवानाम् इत्यत्र केचित् असृग्वसाश्लेष्म-समीरणानामिति पठन्ति तत् नेच्छति गयी। P. 1436

243. See Jaijjata No. 102. P. 1439

244. अन्ये तु मधुरैः क्षीरसर्पिस्तु पक्वं पाने सशर्करमिति पठन्ति। तत् नेच्छति गयी। P, 1441

245. गयी तु वक्ष्यमाणानि ह्रस्वशिग्रुकवीजानि शिरोविरेचनद्रव्याणि मन्यते। P. 1142

246 गयदासस्तु स्तब्धाङ्गः क्षतजसगन्धिकः स्तनद्विट् वत्रास्यो हतचलितैकपक्ष्मनेत्रः इति षठित्वा स्तब्धमङ्गं यस्य स तथा, हतानि चलितानि च एकपक्ष्मेनेत्रानि यस्य स तथा इति व्यवस्थानयति। P. 1447

247. मुद्गकृतैरन्नैः मुद्गकृतैर्मक्ष्यैः मुद्गौदनेन इति गयी। P. 1461

248. अत्र गयी पयस्विनीति पठति। P. 1462

249. श्रीगयदासाचार्य्येण तु पुनः क्लेशे न सदनं तथा च्छर्द्दारोचकौ। रसस्ते तु ज्वरे लिङ्गं दैन्यञ्चास्योपजायते। P. 1486

250. इत्यादि पाठं पञ्जिकाकारः पठति। P. 1492

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251. पञ्जिकाकारस्तु वलिने देयं वमनं श्लैष्मिके ज्वरे इत्यत्र आमाशयस्थे दोषे तु सोत्क्लेशे वमने परमित्यादि पूर्व्वोक्तमेव पाठं पठति। P. 1494

252. तथापि सर्व्वनिवन्धोपजीविना मया पञ्जिकाकारपठितत्वात् पठितः। P. 1497

253. पञ्चमूली मदतीति चन्द्रिकाकारः स्वल्पेति चक्रपाणिः। P. 1653

254. जतुग्रीवामूलग्रहणेन हृदयक्लोमकण्ठस्यग्रहणमिति गयदासः। P. 1659

255. तेन चरकोक्ताः प्रलापवमिटष्णावैचित्त्यजृम्भाविप्लुतित्वयमुखशोषाश्च बोद्धव्या इति गयदासः। P. 1659

256. See Jaijjata No, 111. P. 1660

257. ओजः हृदचस्थितं धाम, तेजः अनेत्र प्रभामाहुः, सा च महापञ्जिकायां निषिद्धा। P. 434

258, केचिदशीतमिति पृथक् पठन्ति। तच्च महापञ्जिकायां दूषितः। P. 437

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THE TRIDOSHA THEORY OF AYURVEDA.

BY

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The ancient Rishis of India hold that there is a very close and intimate connection between the external and the internal world in the shape of the human body. Like the external world, the human body is composed of five elements, viz. earth, water, heat, air, and ether and is a small world in itself. These five elements lie at the root of the external and the internal world. They are the fundamental principles of creation, production and destruction of the universe. All earthly beings are born of five elements, grow in five elements and melt in five elements of the external world at the time of death. Of the five elements of the external world, viz. earth, water, air, heat and ether, the three, i. e. air, heat and water are important. They are equivalent to Vayu (Air), Pitta (Heat) and Kapha (Water) in the human system. The external air is equal to internal Vayu, the external heat is equal to the internal Pitta and the external water is equal to the internal Kapha. Man is equal to the external world. Any change in the elementary condition of the external world has its corresponding change in the human organism and it is upon this oneness that the Tridosha Theory of Ayurveda is based.

VAYU (AIR).

According to the basic principles of Ayurveda, the VAYU (AIR), the PITTA (HEAT) and the KAPHA (WATER) are called the three *Doshas*. They are called *Dosas* as they serve to derange *Dhatu* and *Mala* in the human system. They are called *Dhatu* in as much as they serve to protect the body. *Vayu* (*Air*), *Pitta* (*Heat*) and *Kapha* (*Water*) are primary factors in the constitution of the human body. In their normal order, these three fundamental principles occupy the lower, middle and upper parts of the human body and maintain

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its integrity. The body is supported by these three fundamental principles in the same way as a dwelling house is supported by the three pillars.

Of these three fundamental principles, *Vayu* (*Air*) is the most important. This is the vital force of the human body. It is present everywhere in the human system. It is self- begotten in its origin, and is said to be indentical with the divine energy of God. It is unconditional, absolute and all pervading in its nature. It is the life-fore of all animated beings. It is the cause of origin, growth and destruction of all beings. It is invisible, but its works are manifest. It is light, cold, dry, mobile and piercing and it always adopts a transverse course. It is known by the two attributes of sound and touch. It possesses much of the quality of *Rajagoona*. Its power is inconceivable. It is the only propeller of the other *Doshas* of the human system. It is very prompt in its action, and passes through the whole organism in rapid currents. It is located mainly in the Intestine and the Rectum. It lies at the root of all diseases and is the king of all kinds of ailments.

The Actions of Vayu (Air) in its Normal State :—

In its normal state, *Vayu* (*Air*) occupies the *Basti* and *Malasaya*, thighs, *Katidesha*, the two feet and the bones. But it is specially located in *Malasaya*. In its undisturbed condition, *Vayu* (*Air*) maintains a state of equilibrium between the different *Doshas* and *Dhatus*. It enables all the different organs of the body to discharge their functions properly. It is by the help of *Vayu* (*Air*) that we are able to see, hear, smell, taste, tuch, digest, breathe and answer the calls of Nature. It is *Vayu* (*Air*) that takes out the child from the womb. In short, it is *Vayu* (*Air*) that makes us do all that we do in our healthy state of life.

Classifications of Vayu (Air) into Five Different Sub-heads :—

Vayu (*Air*) is classified into five different sub-heads in accordance with the difference in its functions and locations, as *Prana*, *Udana*, *Vyana*, *Samana* and *Apana*. These five kinds of *Vayu* (*Air*) are located in the different parts of the human body and serve to maintain its integrity.

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The Pran Vayu (Air):—

The *Prana Vayu (Air)* is located in the cavity of the mouth. It enables the food, that is taken, to enter into the cavity of the stomach. It protects the body from destruction. It also occupies the regions of the heart and protects the life. In its deranged condition, the *Prana Vayu (Air)* gives rise to Hiccough, Asthma and other diseases of this type.

The Udana Vayu (Air) :—

The *Udana Vayu* (Air) resides in the upper part of the human body. It is specially located in the throat. It is the maker of speech, song, etc. It produces the diseases belonging to the regions lying above the clavicles in its deranged condition.

The Samana Vayu (Air) :—

The *Samana Vayu (Air)* resides in the stomach and in the region of the intestines. It digests the food materials with the help of the Agni (Digestive heat) and separates the stool and urine from the essence of food materials. In its deranged condition, it produces Dysentery, Diarrhoea, Tumour and other diseases belonging to the lower abdomen.

The Vyana Vayu (Air) :—

It courses through all parts of the human organism, it sends the *Rasa* (the juice that comes out of the digested food-materials) all through the body and causes the out-flow of blood and perspiration. It also performs the function of the five kinds of muscular movements. In its aggravated condition, it produces diseases affecting the whole of the human body.

The Apana Vayu (Air) :—

The *Vayu (Air)* that occupies the lower region of the intestines is called the *Apana Vayu (Air)*. It forces down the foetus, urine, stool, semen and menstrual discharges. In its aggravated condition, it produces diseases belonging to the urinary bladder and large instestine. A deranged condition of both the *Vyana Vayu* and *Apana Vayu (Air)* produces *Prameha* and other diseases of the seminal fluid. If all the five different kinds of *Vayu (Air)*, as stated above, get deranged simultaneously, they will surely bring about a speedy termination of the body.

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The time of the Derangement of Vayu (Air) :—

Vayu (Air) is specially deranged in winter, in a cloudy weather, in storm, in rains, in the after-noon, in the last part of the night and afrer the digestion of food.

Reasons for the Aggravation of Vayu (Air) :—

Vayu (Air) is deranged by such practices as wrestling with a wrestler of superior strength, violent exercises, excessive sexual intercourse, exessive study, fall from a high place, running, striking of blows, leaping over a ditch, swiming, keeping late hours at night, carrying heavy loads, excessive riding, walking a very long distance and taking of foods made of pungent, astringent, bitter, light, cold and parched articles. Diets made of dry vegetables, dry meat, rice and paddy such as *Vaddalaka Karadush, Shyamaka, Nivara, Mudga, Masura, Adhaki, Harenu, Kalaya, Nishpava*, etc. lead to derange the *Vayu (Air)* of the human body. *Vayu (Air)* is also aggravated by such factors as over-eating, fasting, irregular eating, suppression of wind, urine, tears, stool, semen, vomiting and sneezing.

DISEASES BROUGHT ABOUT BY THE AGGRAVATED CONDITION OF VAYU (AIR) :—

(1) If the *Vayu (Air)* is aggravated in the stomach, it produces (a) Vomiting, (b) Vertigo, (c) Epileptic fits, (d) thirst, (e) pain in the sides and about the region of the heart.

(2) In the intestines, the deranged *Vayu (Air)* produces a rumbling sound, (b) an acute pain in the region of the umbilicus, (c) Strangury, (d) Intussuseption, (e) Constipation. and (f) pain in the region of Coccyx.

(3) If the deranged *Vayu (Air)* occupies the sense-organs such as the ear, nose, eyes. etc., it deprives them of their respective faculties, such as hearing, smelling and seeing.

(4) In the skin, the deranged *Vayu (Air)* gives rise to a discolouring of the complexion of the skin, (b) twitchg in the skin, (c) roughness, (d) Anaesthesia, (e) piercing pain in the skin, and (f) Cracks and Fissures in the skin.

(5) If the deranged *Vayu (Air)* is mixed with the blood, it produces ulcers.

(6) In the flesh, the deranged *Vayu (Air)* gives rise to tumour attended with pain.

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(7) The deranged *Vayu* (*Air*) produces tumor, not attended with any kind of pain or ulcer, if it is mixed with the fat.

(8) In the veins, it produces a painful contraction and swelling.

(9) In the ligament, the deranged *Vayu* (*Air*) gives rise to (a) Anaesthesia, (b) palsy, (c) piercing pain and (d) convulsion.

(10) In the joints, the deranged *Vayu* (*Air*) robs it of its power of contraction and gives rise to a painful swelling.

(11) In the bones, it gives rise to a wasting and cracking of the bones attended with bone-ache.

(12) In the marrow, the deranged *Vayu* (*Air*) tends to dry it up and gives rise to a pain extending over the whole body. And this pain is scarcely alleviated.

(13) If the aggravated *Vayu* (*Air*) takes possession of the semen, it tends to stop the flow of semen, or causes excessive emission of it and makes it defective.

(14) If the deranged *Vayu* (*Air*) takes possession of the whole of the human system, it produces paralysis and complete nervous break-down.

(15) When the aggravated *Vayu* (*Air*) takes possession of the human organism, it produces convulsion, swelling and pain.

(16) When the aggravated *Vayu* (*Air*) goes to the natural seats of *Pitta* (*Heat*) *and Kapha* (*Water*), it gives rise to diseases peculiar to them.

(17) If *Vayu* (*Air*) is aggravated in its own place, it gives rise to various diseases due to its influence. But if it is aggravated in the seat of *Pitta* (*Heat*) in combination with it, it produces a burning sensation, heat and loss of consciousness.

(18) If the deranged *Vayu* (*Air*) is mixed with *Kapha* (*Water*) in its own seat, it gives rise to coldness, swelling and heaviness of the part.

(19) If the deranged *Vayu* (*Air*) is mixed with the blood, it gives rise to a pricking pain which is not capable of bearing any touch, complete anaesthesia and all other diseases brought about by the aggravated condition of *Pitta* (*Heat*).

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(20) If the *Prana Vayu* is surcharged with *Pitta* (*Heat*), it produces loss of consciousness, absent-mindedness, pain in the body, burning sensation and vomiting out of undigested food.

(21) If the *Udana Vayu* is surcharged with *Pitta* (*Heat*), it produces loss of consciousness, burning sensation inside and loss of strength.

(22) If the *Vyana Vayu* is surcharged with *Pitta* (*Heat*), it produces a burning sensation both in the outside and inside of the body, a state of tiredness and jerking in the limbs.

(23) If the *Samana Vayu* is surcharged with *Pitta* (*Heat*), it produces such symptoms as excessive perspiration, loss of digestive heat, thirst and Epileptic fits,

(24) If the *Apana Vayu* is surcharged with *Pitta* (*Heat*), it produces a burning sensation, yellowish stool, excess of heat, a profuse Menorrhagia and pain in the private part of the body.

(25) If the *Prana Vayu* is surcharged with *Kapha* (*Water*), it produces such symptoms as lethargy, langour, tastelessness, vomiting, spitting out of phlegm again and again, sneezing, eructation and difficulty of breathing.

To be continued.

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MATERIA MEDICA AND THERAPEUTICS.

INDIAN MEDICINE

(SIDHA).

Oleum Bryonia Epigœa Compound

(Gerudan Kishang Ennai—Tamil).

BY

T. G. RAMAMURTHI IYER,

MEDICAL OFFICER,

L. F. Sidha Dispensary, Avalpundurai, Erode, S. India.

—:o:—

Composition :—

Dried and powdered bulbous roots of				
Bryonia Epigœa	...	...	...	36 Tolas.
Embelica Ribes	...	...	...	3 ,,
Celestrius Paniculata		...	...	3 ,,
Dried Ginger	...	...	...	3 ,,
Pepper	...	...	...	3 ,,
Long Pepper	...	...	...	3 ,,
Cuminum Cyminum		...	...	3 ,,
Onion Juice	...	...	...	54 ,,
Castor Oil	...	...	...	40 ,,

Pharmacy :—

Bruise the first seven ingredients, mix with four times its weight of water, boil and reduce to a quarter part. Squeeze well, strain through a linen and collect the decoction. Add the juice and oil to the decoction and boil gently until all traces of water disappear. Set aside, cool, and decant the oil. Preserve in bottle.

Administration and dose :—

1 Tola to be taken twice a day in empty stomach for 5 to 10 days.

Diet restrictions :—

Allowed. Table rice, Green Gram and Cow's Ghee.

Disallowed. All other articles of diet, including Salt, Tamarind, and milk.

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Therapeutics :—

A reliable specific in all types of Syphilis, (acute or chronic). Gonorrhea, Gleet, Chancre, Buboes, Arthritis, Neuralgia, Sciatica, Rheumatism. Urticarial rashes due to any or unknown cause. Chronic malaria. Gastritis, Intestinal accumulations and auto-intoxication. Inflammation or ulceration of lymph glands including the mesentery. Leprosy, anaesthetic, nodular or ulcerating. Dark spots on the palms, soles of foot or body due to any cause. Colic pains. Secondary affections caused by the bites of rats, dogs, jackals, serpents and other venomous animals and insects. The Sidha scientists have noted that there are 96 kinds of reptiles, animals and insects that cause 500 varieties of symptoms and diseases by the venom. Many of the symptoms like hectic fever, urticaria, œdema, scanty menstruations, vertigo, certain obstinate variety of skin diseases, and many resembling Bright's Disease, Leprosy and anasarca may be caused by the toxins of the above animals and insects. Especially, these symptoms occur periodically, during the New-moon and Full moon days and on the days of Eclipse of the Moon or the Sun.

The symptoms will be aggravated on the above days and progressively wave on the subsequent days. This shows that the Sun and the Moon have something to do with the Physical body which is totally forgotten by modern Physiologists.

I detail below the history of a case for the benefit of the readers.

A young school boy, aged 22, contracted Syphilis and Gonorrhea at his 18th year. A suppurating bubo of the groin was enucleated. Whenever the symptoms of secondary affections occur, he used to have a Sulfarsenol or Neosalvarson injection and mercury treatment for a couple of months. Thus he was having a control over the troubles now and then. About 4 months ago, he got fever of a continuous type, ranging from 103 to 104°F. which was suspected to be "Enteric", but no blood examination was made for want of facilities. After a prolonged treatment of about 2 months, under various practitioners, the temperature fell to normal and a week after that, he was given bath and nourishment. After a fortnight, there was a relapse. The temperature rose up to the same level as before. He had a dark patch on the tip of the nose and a few of them in the body. Suspecting some kind of toxin circulating in the system, the above

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oil was given to him for 10 days under strict diet restrictions, as this oil is generally given to remove any kind of toxin, whether syphilitic, or not. The patient is quite hale and healthy, no dark patches anywhere, and his complexion is now bright and glossy.

The practitioners in Mofussil Stations who cannot afford to submit to a blood test, which is generally the case, can indiscriminately use this oil in all cases of the above nature without fear.

The Therapeutics of Bryonea Epigœa root :—

Specially useful in syphilistic cases, old venereal complaints and also in the later stages of Dysentery (Nadkarni).

It is considered as a great antitoxin to counteract the syphilistic, and animal poisons. Administered in pernicious anaemia, Specific fevers, Rheumatic arthritis, Leprosy, Persistent skin diseases, Urticaria, Intestinal colic, Scrofula, Syphilis (Primary, secondary, or Tartiary), it cures the diseases and corrects the Tri-doshas (Pathartha guna chintamani).

The following oil should be used for anointing the head and body and hot bath once in four days, after a course of treatment with the oil of Bryonea Epigœa. This oil bath should be continued for at least three months to remove all signs of the disease.

Khus khus root, Vetti-ver, Aegle marmelos root. Ruta graveolens, each 3 Tolas., Aplotaxis Auriculata, roots of Cynodon Dactylon, Curcuma Zedoaria, Tinospora Cordifolia, Nardostachys Jatamansi, Rhus Succedane a, Emblica Officinalis (Dried fruits), Cumin Seeds, each 1 pie weight.

Sandal wood saw dust	...	6	Tolas
Clerodendron Serratifolium	...	¾	Tola,
White Sugar	...	60	Grains,
Gingelly oil	...	½ measure	(40 Tolas)

Bruise the ingredients and boil with the oil until the sediments turn brown. Set aside, cool, and decant the oil.

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Reports of Societies etc.

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PRABHURAM AYURVEDIC COLLEGE.

Dr. Popat University of Ayurveda,

Ref, No. 198 of 1934. Announcement No 12 of 1934.

WINTER TERM EXAMINATIONS.

The examinations for the *Diplomas* of *Upavaidya*, *Rasavaiday*, and *Bhishak* and for the degree of *Bhishagvar* and *Graduate* of the *Prabhuram Ayurvedic College*, and for diplomas of *Parisharika* and *Savik* for lady students shall commence from Thursday, 15th November 1934, in the College Hall, at 92, Cathedral Street, Bhuleshawer, Bombay. These examinations are now conducted by the Dr. Popat University of Ayurveda.

Under the revised constitution, a candidate can appear for these different examinations by either studying at home or by studying under the guidance of a learned Vaidyaraj or at an Institution recognised by the University.

All these informations in detail will be found in the prospectus of the above Institution, a copy of which can be had on sending annas six and a half to the undersigned.

The University shall also cansider the desirability of opening Examination Centres at Baroda and/or Ahmedabad and/or Bhavnager, if not less than 25 candidates in all apply for appearing at the different examinations reffered to above, from each or either of these centres.

The detailed programme of the examinations shall be forwarded to the candidates who apply for appearing at the above examinations.

Correspondence is received in any language.

Office of the University,
6th September 1934. Secretary.

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THE MADRAS AYURVEDIC COLLEGE GRADUATES' ASSOCIATION.

Circular No. 4 Dated 20th October 1934.

The Central Board of Indian Medicine met on the 24th September, '34. Its proceedings were strictly confidential. But it is understood that the question of recognition of the Madras Ayurvedic College came up and the Board passed a resolution recommending only "B" class to the graduates of the Madras Ayurvedic College in general. And it is also learnt that in individual cases where it is shown that they have been practising Surgery and Mid-wifery, they will be given "A" class. To a certain extent it is a good symptom which may be considered as a result of our agitation. But we must continue to agitate. The President, Central Board of Indian Medicine, has been requested to give us a copy of the resolutions pertaining to our College. Soon after we receive his reply, we shall decide upon the action we have to follow.

Such of those who have not submitted certificate of 10 years practice shall not do so but reply to the President, Central Board of Indian Medicine, stating that they would like to be registered only on the strengh of our College diploma. If however, it takes some time before the Government's sanction is obtained, we have to request the Government to so modify the G. O. No 1093 P-H dated 19th March 1933 as to grant extension of time in the case of those whose diplomas are under consideration of the Government.

It is sheer injustice to classify us with category 3. (either hereditary or under a Guru) who had no training at all and we consider it a disgrace to submit ourselves to be grouped with them inspite of our four years regular training in the Madras Ayurvedic College, the premier institution of the kind in whole of India. We must therefore appeal once again to the President Central Board of Indian Medicine to reconsider his decision and to give us 'A' class without grouping us with those that had no training in any school.

If he mixes up the unqualified with the fully qualified who satisfy the Government that they are duly trained is a matter for which we don't like to give our consent.

Further, if it is a fact that the Board would refuse to grant 'A' class to the diploma holders of the Madras Ayurvedic College on the pretext that the records called for were not adequately furnished and that similar private institutions also would ask for it, it is unjust. 'A' class is not reserved for the graduates of the Government I. M. School. Whichever institution that is eligible for it ought to be given 'A' class, according to recognition.

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As a matter of fact, it was the Madras Ayurvedic college that practically demonstrated to the government, as well as people about the scientific nature of the system at a time when Ayurveda was in oblivion and it was because of that college that the present Government Indian Medical School came into existence.

The following are the statistics in brief of the Madras Ayurvedic college :—

Established in the year 1905 and closed in 1929. The number of Graduates 163. Out of 163 Graduates 'Ayurveda Bhushana,' diploma holders are 74 and 'Bhishagvara' diploma holders 89 in addition to their "All India Ayurveda Vidyapeeth" diplomas.

Principal of 'Government college of Indigenous medicine,' Colombo, Ceylon ...	... 1
Principal of 'Ayurvedic College, Gurukul, Kangri (Hardwar)	... 1
Principal of 'Venkateswara Ayurvedic College, Bezwada	... 1
Board of Examiners to Government I. M. School, Madras	... 2
Members of Advisory committee of ,,	Not known
Members of the Selection Board of ,,	Not known
Employed as lecturers of Ayurveda in Government Schools	... 4
,, as Professors of Ayurvedic Schools or Colleges	... 3
,, under Local Boards & Municipalities	... 46
,, under Private dispensaries ...	... 9
Having own dispensaries	... 11
Private practitioners	... 31
Practising in England	... 1
,, in Northern India	... 1
,, in Ceylon and Jaffna	... 2
Started Medical Stores or Pharmacies ...	... 4
Working as Palace Physicians	... 3
Number of A. M. A. C's who completed A. L. I. M. course	... 11
Address not known	... 18
Semi Graduates working in the Dispensaries ...	... 3
Deceased	... 11

KOTTAPATAM (Guntur Dt.),
Dated 20-10-34.

N. KESAVACHARLU,
Secretary.

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Medical News & Notes

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THE DANGEROUS MULTIPARA.

By

BETHEL SOLOMONS, M.D. Dub. F.R.C.P. Irel., F.C.O.G.

Late Master, Rotunda Hospital, Dublin, Gynecologist to Dr. Steven's Hospital, Dublin.

My object in writting this paper and giving it a sensational title is to remove if possible, once and for all, from the mind of the reader the idea that a primigravida means a difficult labour but a multipara an easy one. The primigravida gives the impression of difficulty just because she is an unknown entity, and more attention is focussed on her, both in pregnancy and labour, than on the woman who has "done it before." But it is altogether a mistake to suppose that in childbearing practice makes perfect. Furthermore, the multipara is probably more important to the state than the primigravida, and demands equal care. She is the more skilled housekeeper and she knows the weaknesses of her husband ; she is the mother of one or more children, and it may be taken as an axiom that mothers cannot be replaced.

During the first four years of my Mastership in 8333 births in the intern department of the Rotunda there were 4975 multipara, a percentage rate of over 59. Among them there were 34 deaths, or 0·7 per cent. and this mortality was slightly higher than that of primigravida, (0.67). An interesting study from the department of Health for Scotland shows that while primipara have a mortality 7 per cent. under the average and 2 para nearly 40 per cent. under, from the fifth pregnancy the rate of mortality is ove average by an amount which increases steadily and speedily until in women bearing their tenth child or more the mortality is five times as high as for all women bearing children.

The woman with the pendulous abdomen.

There is no more difficult proposition in midwifery than the woman with the pendulous abdomen. First, the abnormality may be missed until it is too late to act, and secondly, the presentation may become abnormal after the time when it is possible to correct it with safety for the mother and child. The possible outcomes are ; (1) Occipito Posterior and Brow presentations due to the foetus lying in an incorrect axis ; and

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(2) rupture of the uterus from attrition or actually from thinning of the lower segment due to disproportion.

Contraction ring dystocia due to disharmony of the uterine muscle may be present, and may be due to what might be called natural causes, or to the administration of such drugs as pituitary extract. A strong and loud enough warning cannot be uttered against the use of this type of drug. Rupture of the uterus is common when pituitary extract is administered at the wrong time, and contraction ring may occur. Irregular contraction, with some separation of the placenta, may cause and has caused death of the foetus.

What can we de to prevent these abnormalities when pendulous abdomen is discovered or when the patient is seen either in threatened rupture or just leading up to it? This at first seems simple, for a tight binder should work the miracle; alas, this is not so, and danger may speedily become obvious if something is not done. In the early stages when it is seen that the binder is not doing its job, version must be considered; in later labour, version is definitely indicated and the difficulty is to decide on the best time for doing it.

If the patient is seen early, a binder is applied; the attendant should see if the presenting part is being kept in the axis of the inlet. After she has had some labour, version must be done if the head is not inclined to fix; if, on the contrary, the head is fixing, all will be well and vaginal delivery will be easy. It is very simple to say "perform a version", but if possible this should be left until the time when delivery can be terminated, that is, when the cervix is fully dilated. Sometimes version cannot be postponed so long and it may be necessary to perform it when the cervix is half dilated. On no account must the delivery be completed then. It may be asked if there is risk in this manipulation, and the answer is emphatically in the affirmative; there is risk to the mother if the case is left too long, that is, until symptoms and signs of threatening rupture are imminent and there is risk to the child of prolapse of the cord either during version or afterwards. Generally speaking, however, prolapse does not occur.

To repeat, if a pendulous abdomen is discovered it must be corrected before danger sets in. This pendulosity may or may not be accompanied by such abnormal presentations as brow, persistent occipito-posterior, and face. Whether these are present or not, version is the proper treatment when the head is not engaging after some labour. I have seen contraction ring dystocia in 10 and 12 para some complicated by marked asynclitism, treated successfully by version. But on the other hand a neglected case of this kind will often end in perforation.

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Eclampsia.

Some years ago it was thought that eclapmsia was essentially a disease of the primigravida. We now know that the multipara is just as liable to it, and when eclampsia develops with her it is probably more dangerous than for the primigravida. It is difficult to tell the reason for this. Probably her kidneys are in a less satisfactory condition than those of her young sister. She is nearly always comatose : often her blood pressure is quite low, and she secretes but little urine. In the last investigation made, the mortality for eclampsia was 1. 4 higher in the multipara than in the primigravida. Another point about the multiparous eclamptic is the atypical picture, so difficult that it is wellnigh impossible to know if the case be one of eclampsia or of something else. With the primigravida, once she is over her actual eclampsia the danger is fairly well finished. With the multipara, we often do not know where we are.

Besides eclampsia, all other varieties of toxaemia may be encountered. Toxaemic hyperemesis is a dangerous and often fatal complication for the multipara.

Accidental Hæmorrhage.

This is essentially a disease of the multipara ; in fact, so seldom is it seen in the primigravida that when it does occur, one is inclined to question the diagnosis, which is more likely to be a very heavy "show", marking the onset of labour, or a missed placenta praevia. During four years there were 148 cases of accidental hæmorrhage at the Rotunda Hospital. Of these 130 were in multiparae. It should be possible to prevent this disease to a large extent by getting women to attend the prenatal department regularly, the onset of the kidney condition should be diagnosed and trouble stopped. Too often, however, the patient appears absolutely moribund, with kidneys so damaged that further metabolism is impossible. I do not intend to say anything about treatment except that sub-mammary injection of saline will often save the patient, who will die if local treatment is resorted to too soon.

Contracted Pelvis, Disproportion, Malpresentations.

It may seem strange that these three are considered together, but they may all occur in the labour of a multipara who has had absolutely normal births on previous occasions. On this account, therefore, she is a very dangerous multipara when any of these abnormalities happen. When disproportion occurs in the multipara the cause must be found ;

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besides pendulosity the principal causes are contracted pelvis, arge babies and malpresentations.

There is no doubt, whatever, that some women grow contracted pelvis or large babies as they become more multiparous. The mystery of the acquired contraction is difficult to elucidate, but it is not uncommmon for a woman who has had perfectly normal confinements on all previous occassions to exhibit signs of dystocia perhaps on her eighth effort, and in Ireland "eight" is a common number, while I have seen even the 25 para on not rare occasions. At this eighth effort she shows all signs of delayed labour, and when an investigation is made it is found there is nothing wrong but a marked promontory. Whether this is due to injury of the joint from previous labours or a definite rheumatic affection is a problem ; suffice it to say that these cases must be dealt with on the same lines as contracted pelvis in the primigravida.

Increasing size of the baby without change of husband is usual—a fact which was borne out by the investigation of 100 consecutive cases of primigravida and multipara taken at random. It was found that the average weight in the former was 7 lb. 6 oz., and in the latter 7 lb. 9 oz. The excessive size may not necessitate active treatment, but it may cause trouble, and it is one of the reasons for which the unwary practitioner may find himself in difficulties. This is the type of case where failed forceps and ruptured uterus may be found.

The case which requires extreme patience before efforts are made to deliver ; in fact such efforts should not be made until all conditions are fulfilled whereby delivery can be performed without danger.

This is the case, too, where pituitary extract and kindred substances are dangerous, and rupturnd uterus may occur when these drugs have been administered at the wrong time. A breech, either arrested at the brim or impacted in the cavity, is probably the most common malprsentation. Many times I have been called to see a very multiparous patient who has failed to deliver herself of a breech, the practitioner having tried every means who knows to help her but without success. There is no contraction ring unless he has been very vigorous in his methods ; the baby is still alive. The best method of treatment is to hook the finger into the anterior groin, if necessary pulling with the other hand on the wrist. The method by which the breech is pushed up and the leg brought down has the danger if the movements of the operator are violent, harm to the extent of rupture may result. A very good plan is to put the forceps gently on the breech : traction will then bring the baby low enough to allow finger traction on the groin. If vaginal methods fail, the lower-segment section should be chosen.

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Brow presentation must be sought for and treated while face and occipito-posterior presentation may also be persent.

Placenta Praevia

Placenta praevia is not a dangerous condition and the mortality should be approximately nil. In 78 cases at the Rotunda in four years there was no death. Of these 70 were multipara ; this is natural, for the theories of this disease all point to the multipara. In a paper read before the British Medical Association at Manchester, I suggested that the fault lay in the endometrium ; that there had never been a repeat case in my practice ; and that prophylactic curettage two months postpartun would prevent further placenta praevia. Since that, in collaboration with one of my post-granduate students, Dr. H. E. Canter, I have given further evidence that placenta praevia can be avoided in the multipara. While in no way advocating curettage as a routine for all women with heavy menstruation, there is much to be said for it where a woman has had one or two miscarriages followed by heavy menstruation, for this is the type of woman who subsequently has a low implantation.

The diagnosis of placenta praevia should be nearly certain without vaginal examination, and this examination should not be mede until the operator is ready to perfrom version, if that is favoured treatment. Under no circumstances after version should delivery be hastened in any way whatever.

Adherent Placenta.

I have never seen a true case of a morbidly adherent placenta in the primigravida. Retained placenta occasionally requires manual removal because of post-partum haemorrhage, but very seldom. In the multipara, however adherent placenta may occur, and as this is one of the most dangerous complications of obstetrics its importance must be stressed. The danger of inserting the hand in the uterus must be especially emphasised, for infection and death are likely to follow. The morbidly adherent blacenta is often accompanied by chronic renal disease, so the patient is a bad subject but, even in the absence of this, danger is ever present. May I offer a suggestion in this connection ? When the hand which has been placed in the uterus is removed, it should be reinserted to make sure the uterus is clear, This may have to be done two or three times before one is satisfied. After its withdrawal from the uterus, therefore, this hand must not be removed from the vagina until the operation is complete ; in other words, the hand is inserted in the uterus, the placenta is removed, but the hand remains in the vagina.

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Ruptured Uterus.

In four years at the Rotunda there were ten cases of ruptured uterus, nine in multipara ; the one primigravida was a case of neglected face presentation after the use of oxytocic drugs. All could probably have been avoided either by careful prenatal care, or by carefully watching the patient in labour, or both. The reasons for rupture were as follows :—

1. The injection of 10 international units of pituitary extract for second stage delay ; this woman was 3 para who had two normal confinements. This illustrates the danger of pituitary extract. Even small doses in the early stages of labour predispose to contraction ring dystocia, retained membranes, and post-partum haemorrhage. The only really safe time is after the third-stage is completed.

2. A "quiet" rupture which probably follows an incomplete rupture in a previous labour.

3. Face presentation and contraction ring in a 6 para.

4 and 5. Neglected shoulder.

6. Pendulous belly. Rupture followed neglect to perform a timely version.

7. Partial rupture after previous lower-segment section. Mother and child were saved.

8. Ruptured uterus after efforts to overcome contraction ring.

9. The uterus was ruptured in 18 weeks through faulty insertion of seatangle tents.

10. Pendulous abdomen in a 14 para.

Failed Forceps.

The practitioner who knows that he should not apply the forceps before the cervix is is fully dilated in the primigravida may let his conscience slide for the multipara. But let him beware an undilated cervix, a head in the upper strait, will spell danger if the forceps are applied. The practitioner may be lucky with a few cases where he has applied the forceps too soon, but the day will come when a dead or mutilated mother and a dead or injured child will bear witness to his ignorance of the first principles of midwifery. The importunities of relations or friends constitute no excuse for the failed forceps. High forceps are always dangerous for mother and child ; they should never

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be applied Midforceps spell danger; they may occasionally be necessary. Low forceps is a safe operation.

Among the few examples for failed forceps encountered in the Rotunda, we have found that spontaneous delivery or on easy forceps delivery occours any time from 6 to 24 hours after admission. Occasionally a lowersegment section has been necessary, and the fact must be stressed that this operation can be done after failed forceps. It is never necessary to destroy a live child.

Vaginal delivery after section is quite justifiable at the present day, but the patient who has had a section must be confined in a hospital with proper equipment; signs of threatened rupture in this class of case must be known; these are a red vaginal discharge accompanied by tumultuous movements on the part of the foetus, with distress demonstrated by rapidity in the foetal heart rate.

Drugs.

The multipara with the flabby uterus must not be given any oxytocic drug. She may develop contraction ring dystocia even after only grs. 10 of quinine. Pituitary extract and thymophysin may produce the same effect. Several cases of the kind have been admitted to the Rotunda, and a Probationer has reported five similar cases of which only one survived. It is safe for the general practitioner to reserve pituitary extract for the termination of the third stage.

(Abridged from Lancet, July 7th 1934)

DIGEST.

Pulmonary Tuberculosis, and gold Therapy.

Results are more stable and recurrences rarer with oily suspensions of gold salts than with aqueous ones. If immediate results are not obtained, later improvement much more frequently occurs with oily than with aqueous suspensions. The only inconvenience to the use of the former ts the necessity of long intervals between each series. Stored for a long time and slowly absorbed, there is a risk, if treatment be recommenced too quickly, of exposing the patient to accidents of sensibilizatiou. If, however, the interval between each series is sufficiently long, the method is without danger and the accidents of late solubilization do not occur.

H. Mollard in Presse Med P. 395, 1934.

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Eruptions following Gonorrhœa.

Four gonorrhœal conditions of the skin were described by *Buschke* in 1899 namely: simple erythema, (2) Urticaria and erythema nodosum, (3) hæmorrhagic and bulbous exanthems, and (4) hyperkeratosis or keratodermia blennorrhagica. Simple erythema is the most frequent, but it is usually a forerunner of the other types. It is commonest over arthritic joins and next common in the inguinal regions. It is often seen during acute epididymitis and vesiculitis, or an acute exacerbation of chronic vesiculitis. Sullivan reports a case of haemorrhagic eruption in a man aged 35, in whom rapid recovery followed vasotomy. Hyperkeratoses are the most infrequent skin eruptions following gonorrhoea. Thick calcified plaques form on the palms and soles, as well as on other parts of the body. N. TABIS (ibid., P. 99) reports a case, states that keratodermia blennorrhagica is a skin manifestation of an allergic reaction to the gonococcus. Pathologically the lesion is not primarily a keratosis, but a parakeratosis with many features of psoriasis, from which it must be differentiated. Tobias's patient was a man aged 34, who had recently had an attack of urethritis and presented arthritis of the left knee and both ankle-joints and keratotic lesions on the forearms, wrists, penis, and soles. Repeated examinations of the blood and skin were negative for gonococci. The eonsinophile count was 11 per cent, which was suggestive of an allergic basis. Considerable improvement followed immobilization of the affected joints and treatment by gonorrhoeal vaccine therapy.

S J. Sullivan in Urol. and Cut. Rev, P. 93, 1934.

Psoriasis and Liver Treatment.

T. GRUNEBERG (Derm. Woch., December 23rd, 1933, P. 1793) agrees with Spiethoff that administration of liver greatly diminishes the tendency to recurrences of psoriasis. He finds in addition that in irritative cases of psoriasis, which in response to applications of even indifferent ointments show itching or acute inflammation and exudation, a few week's hepatotherapy will enable ordinary local treatment to be applied effectively. On psoriasis in general, liver treatment, although occasionally brilliantly successful, appears to have an effect not superior to that of arsenic, manganese or gold. Gruneberg suggests that the liver may act partly by increasing the sulphur (glutathine) content of the skin; he finds it most effective when accompanied by artificial light applications of strictly moderate intensity.

B. M. J. 5th May 1934.

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Dextrose Pessaries in Treatment of Leucorrhoea.

According to E. KOTTLORS (Med. Klinik, February 23rd, 1934, P. 273), vaginal injections of dextrose assist in the treatment of leucorrhoea by (1.) increasing the glycogen content of the lining membrance, (2) inducing hyperaemia, and (3) effecting some bactericidal action. Dextrose applied in pessaries is more effective than in solution. The pesssries are introduced (usually by the patient) at bedtime, the vulva and introitus being previously smeared with grease and an absorbent tampon being inserted subsequently. In the large series which "Kottlors" reports treatment and exibition of large doses of ovarian hormone where there was evidence of hypofunction and (2) local treatment or existing cervical catarrh by cauterization, caustic applications, or abrasion of the cervical mucous membrane. The cases were no-gonococcal ones of various ages : they include diabetic subjects, those who had total hysterectomy with vaginal drainage and some examples of trichomonas infection.

B. M. J. May 26, 34.

THE WORLD OF WOMEN

By Julia.

The Secret of Charm

If I were asked to give a most precious beauty secret in just two words, I could do it. You do not think so ? Well, here are the magic words—"Be feminine." You do not agree with me ? We shall see. Let's talk this out and perhaps I can prove to you that the most charming women, the women who are most attractive to men, are the women who have mastered the art of being truly feminine regardless of careers, independence and equal rights.

In the first place, your desire for beauty is natural and something to be honestly discussed. You are a woman. You want a home, secure and protected, perhaps children. Or, if you are not the domestic type and prefer to concentrate on a career, you still want the admiration and companionship of the opposite sex. And you have always heard

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that men adore beauty. Therefore you want to be beautiful to attract and interest the man whom you find interesting.

I disagree with anybody who says that a woman can be happy without love. I don't care how successful she is in business or a career, her life will be empty, devoid of the spark that stimulates living, if love does not enter into it.

So, the quest for beauty is inspired by the quest for happiness in love. But if we are not born beautiful? If complexions are not perfect and features a bit unbalanced, is the allure of femininity powerful enough to overcome these handicaps? Most certainly, yes! In fact, all the more reason for developing the soft charm of femininity. By doing so you will often gain where the perfect beauty loses out.

The latter might attract men at first glance, that is where she has the advantage. But perfect beauties have a habit of becoming arrogant, expecting all the good things of life to fall right into their laps.

They scorn the necessity of developing personality or charm, do develop selfishness and hardness, and, to their amazement, often find themselves alone and unloved while the delightful lady with the crooked nose races off with the prize male.

How many times have you heard of the woman who is called "beautiful" by all men but who, when coldly and sometimes jealously analyzed by members of her own sex, proves to be anything but a beauty as far as perfection of features is concerned? You wonder at it and try to define her charm. A true analysis will put femininity at the head of the list. She is the clever woman who has learned to create an iliusion of beauty—an illusion that is far more fascinating, more mysterious, than obvious cold beauty. Oh, she has mastered the art of being thoroughly and delightfully feminine.

It is an art that French women have always cultivated. In France there are not nearly so many beautiful women as you have elsewhere, but there are countless women of extraordinary charm. They are honest in their desire to attract men. They are intelligent in their methods in that they recognize that in love the man seeks the exact opposite to his owon nature.

Femininity old-fashioned? Never! The silly clinging-vine type, who fainted at the slightest harsh world, is definitely old fashioned, yes. But that was false femininity. True famininity is always fashionable and always delightful.

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As far as I am concerned, men are always more courageous, wiser and stronger than I am. I never demand to have my own way. I sweetly suggest what I prefer and succeed in getting just what I want. Suppose you do love a man who is weaker than you are ? What if you do know that you are wiser than he ever will be ? Can't you be clever enough to keep it to yourself ?

If you cannot, then your love is destined for the rocks. I do not mean that you must feign stupidity or become stupid. Stupid women never get anywhere, in love or careers. A woman needs intelligence always. Use your intelligence to guide your life into the channels you desire. Never mind spouting out your konwledge to every man you meet.

Let him do the talking—you do the acting. Give him advice when he needs it, but in woman's way. Never use the tone of complete authority. Your wisdom will be proved by your feminine understanding and your intellect will hold him even while he does not attribute your charms to intelligence.

He will feel that you are the perfect companion, quite a delightful person to love. Will he know just why ? No. And therein lies your power to hold his love.

———

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THE JOURNAL OF AYURVEDA

Vol. XI.] November, 1934. [No. 5.

Here and There

It does not become us to recapitulate our works regarding Journal of Ayurveda during the year 1933-34 at such a late hour and at the fag end of the English year. At the most, we can thank our stars for having been spared to serve our constituents for yet another year. Our short-comings might have been many and our efforts misdirected, but none the less our motive has always been sincere and honest.

Bengal had an Ayurvedic Conference during the year 1933 of which much was puplished in the pages of our Journal. This year also there will be an All-Bengal Ayurvedic Conference during December at Rajshahi for which a Reception Committee has already been formed.

The aim of the sponsors of such a conference is no doubt good and deserves every sympathy from all shades of Ayurvedic Physicians and lovers of Ayurveda. They want to rehabilitate the past glory of the hoary science and establish a feeling of co-operation and fellowship amongst the now-disorganised and individually minded Ayurvedists of Bengal. They also want to find out means with a view to make the study and examination of Ayurveda systematic and controlled, so that any self-begotten title such as Kaviratna, Kavibhusan, etc. may not be taken as a pass-port of the individual's proficiency in the line. Our sincerest sympathy goes to the

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conference people and we hope they will yet be able to purge Ayurveda of all these defects even in the face of heavy odds.

The last All-Bengal Ayurvedic Conference that had its siting in Calcutta had to be terminated rather under regretable circumstances and we hope there will be no repetition of similar incidents this year. The question of status of a kaviraj may best be solved by arbitration and not by quarrelling. It is better for the present to have status of a licenciate for a kaviraj than to grumble for a degree and have nothing at all. We know and are acquainted with many so-called Kavirajes with big titles after their names, who do not know *a*, *b*, *c* of Sanskrit, not to speak of the great science Ayurveda and the anomaly is all the more prominent when we see that these stalwarts oppose every attempt at reforming Ayurveda! Mere knowledge of pharmacy and a hand-book on Ayurvedic Practice in the vernacular does not make one a qualified physician all at once. The Science of healing is rather very vast and in order to learn it, one should not only possess some preliminary education but a special aptitude to understand the Science and we are rather sorry to admit that there are many amongst our Ayurvedic friends who ignore this side of the picture altogether. Besides this, Ayurvedists generally neglect Surgery, so that their knowledge of the entire science is rather partial and cannot as such command the respect of the public at large. We, therefore, request the sponsors of the conference to see to this side of the problem and put everthing in order, so that Ayurveda of Charaka and Susruta may be taught to the students in its entirity.

We regret to announce in this connection the sad and premature death of Dr. Ekendra Nath Ghosh, M.A., M.D., of the Tropical School of Medicine at the early age of 52 only, due to Heart-failure. The cause is Beri-Beri which fell-disease visited him some 20 years ago. Bengal

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also lost another great physician in Dr. P. Nandy, M. D. due to Heart-failure, which was the ultimate effect of acute Rheumatism. Both the doctors were intimately connected with us and our readers might have enjoyed the very learned articles from the pen of Dr. Ghosh. The loss, Journal of Ayurveda has suffered, in the death of these lovers of Ayurveda, is very great indeed. However, let us pray for the peace and rest for their soul.

Beri-Beri and Rheumatism, these two fell-diseases do not appear very serious or fatal at the outset. But they kill their victims slowly but surely, if maltreated or inefficiently treated. We have come across with many pitiable heart-disease cases which are but aftermath of these two diseases. These cases are not only very obstinate but are often incurable and fatal. Every physician should always take a note of this fact and always look to the heart of the patient while treating him for these two diseases in their acute stage.

We take this opportunity to congratulate the authorities of the Calcutta Corporation for introducing "Mosquito Brigade" in order to fight against mosquitoes with a view to cheque the spread of Malaria which is now trying to assert itself in Calcutta. We heard and seen much of the Brigade in Papers and Resolutions, but the actual work done by the Brigade is rather discouraging. Suffice it to say that we have never seen any individual belonging to this august department to visit at least our part of the city. Deposits of filth, slums of the town and the like are all there. Besides this, our actual experience goes to show that mosquitoes are thriving quite merrily while Malaria itself is spreading gradually. Of course, our Corporation might say that but for their anti-malarial work, the condition would have been far worse. However, controversy apart, let us hope our city fathers will look to the matter from all sides and see that the money of the rate-payers are not spent in vain.

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In the death of Sj. Birendra Nath Shasmal, not only Bengal but the whole of India has lost a truly patriotic and self-less worker for the cause of the Country. His life-long sacrifice and suffering as a congress worker and his organising power as shown in his district during the last turmoil are well-known to all and need no recapitulation. He died of Apoplexy, a disease always fatal and incurable at the age in which he died inspite of opinions to the contrary of the so-called specialists.

The Report of Select Committee for India's Reform is already out and much is being said for and against it. Indians generally do not like the Report, as the same according to them contains too much of safeguards, and concentration of power in one individual. On the contrary, Government and its supporters speak well of it and maintain that much has been given to India and that the sefeguards are necessary only for special circumstances and these are for India's good. We are unable to say anything just now in this connection and hope to return to the subject once again in future.

H. N. C.

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Original Articles

SAMUDRAPHENA OR CUTTLE-FISH BONE.

By

KVAIRAJ SUDHINDRA NATH MUKEKJEE, L. A. M. S.,

BHISAGRATNA.

Calcutta.

The Sanskrit lexicographers give as its synonyms :—Phena, Addhikapha, Arnavajamala (*Ratnamala*), Hindira (*Amarakosa*), Samudrakapha, Jalahasa, Phenaka (*Trikandasesa*), Samudraphenam, phenam, Varddhiphenam, Payodhijam, Suphenam, Abddhihindiram, Samudram. (*Sabdakalpadruma*). Samudraphena-'sea—foam', the bone of the cuttle-fish (so light that it floats). *Ragh, Susr, Bhpr.*

Ragh. = Raghuvamsa.
Susr. = Susruta.
Bhpr. = Bhavaprakasa.

Monier Williams.

It is known as Cuttle-fish bone, sepia-shell, sepion—*English.*, Kutelfish-biem—*Germ.*, sepia-staire, or sepia or schulp—Latin., Daryaka kaph—*Hind.*, Samudraphena—*Beng.*, Samudraphina—*Guz.* and *Mahar.*, Kadal noray—*Tam.* and *Mal.*, Samudranaligi—*Cam.*, Sorapenaka, Samudrapunurgn—*Tel.*, Zaddulbaher—*Pers.*, Samudra Jhog—Punjab.

Sepia officinalis is the source of *Samudraphena* or the common cuttle-fish bone (*Os Sepia*). It is one of the types of Mollusca, one of the Dibranchiate Cephalapods. The cuttle-fish (*Sepia*), the Squid (*Loligo*), and the *Octopus* are three types.

External appearance :—It is one to three inches wide and five to ten inches long. Some of them may be bigger. The cuttle-fishes have their shell, the so called "bone", internal.

It is oblong or oval, flat, whitish substance. Cephalopod means head-footed, and refers to its eight short and two long 'arms', which project round the mouth. The eight short arms are the front part of the foot split up and have cup-like suckers. The two long arms have also suckers at their end and are used as feelers, or prehensile

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organs or as anchors during storm. The eyes are larger and develop from the skin inwards, with closed cornea and covered lens. The parrot-beak like jaws, the spout-like funnel, a modified part of the foot on the neck, and the mouth cavity are conspicuous. In the mouth are two gills and a powerful radula. The cuttle-fish is very muscular.

Internal appearance :—The anus and the openings of the nephridia and the genital duct lie within the mouth cavity. The muscular mouth shelters the two plume-like gills and is useful in locomotion. The lower end of the siphon, the dark out-line of the ink-bag, the stellar ganglion, the kidneys, the reproductive organs, the stomach, and the digestive glands are seen inside the body. The cerebral, pedal and pleuro-visceral pairs of ganglions lie close together. The sense organs and the circulatory system with the median heart are well developed.

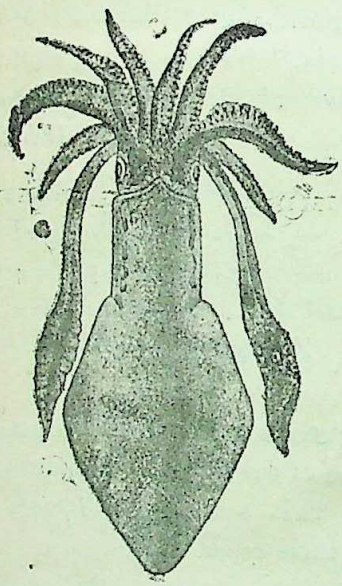

Fig. 1.—External appearance of a Cuttle-fish.

Fig. 2.—Side View of Sepia.

Habits :—It is widely distributed especially in warmer seas, as the Mediterranean and the Indian seas. It is often found floating in water ; and on the shore, one often finds the cuttle-bone or *Sepia Staire*. The Cuttles are active swimmers. They swim forwards by working their fins, and they move backwards in the water by the expulsion of water through the funnel. By means of its arms it

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creeps along the bottom of the sea and they serve to capture its prey, such as, fish, other mellusces and crabs.. It is carnivorous.

"The manner in which these suckers act, will be understood by a reference to the principle of a cupping glass. Each one consists of a firm fleshy or cartilaginous ring, across which a disk of muscular membrane is stretched, with a circular aperture in the centre. A cone-shaped mass of flesh fills this aperture like a piston, capable of being drawn backward. The membranous disk itself can also be drawn in. Now, let us suppose that one of the sucking disks of a tentacle touches any object fit for prey, such as a fish, for example, gliding by. The instant that the Cuttle feels the contact, instinctively, and with the speed of lightning, it retracts the fleshy piston; a vacuum is thus created, and the edges of the disk are pressed against the surface of the victim, with a force equal to the weight of the water that is above it, added to the weight of the atmosphere. If need be, as when the victim makes strenuous efforts to escape, the vacuum, and consequently the adhesion, is increased by the withdrawal of the membranous disk.

"The struggles of the unhappy victim once touched by the fatal spell, only ensures its speedy destruction; for as it wreathes and darts to and fro, it ever comes into contact with other disks in succession, each of which adheres. Other arms now entwine themselves about it, and thus it is surely dragged to the central mouth, where the sharp and horny beak soon cuts it to pieces in spite of its scaly armour. (Gosese.— *Mollusca*. Pp. 59—60.)

It likes the light and so is attracted by lanterns. The colour of its skin changes (chromatophore) often and the well-known play of colours is seen. It emits a plentiful discharge of ink, the Sepia-brown of artists, and thus covers its retreat from an enemy or conceals itself from its prey. Hence its popular name "Ink Fish". It is described as "one of the most wonderful works of the Creator" (Kirby. *Bridgewater Treatises*. Vol. 1. P. 287).

Chemistry :—It contains calcium carbonate mainly, also phosphate and sulphates and chitin in its compositions. The thick shell is formed of fine calcareous luminæ (*os sepiæ* of the chemist).

Uses :—It is sometimes given to cage birds to peck at from time to time. It is also used for polishing metals, harness, and wood in the same way as pumice-stone, and for other purposes. In Madras city sepia are regularly brought to the fish-market for sale as food. The cuttles are caught for food and bait. The cuttle-bone and the ink bag are sometimes utilised by man.

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Among the people of Southern Europe the cuttles are in high repute for the table, and their taste has been handed down from the ancient Greeks and Romans. The classics frequently allude to them as among the greatest delicacies. At the nuptial feaat of Iphicrates a hundred *Polypi* and *Sepiae* were served up." (Gosse.—*Natural Histary*, *Mollusca*, pp. 33, 34.). The Indian ink used by artists is generally understood to be, in part at least, composed of the black liquor of some species of cuttle; and an ink is prepared in Italy from the liquor, which, according to Cuvier, differs from the genuine China ink only in being a little less black" (*Ibid.* pp. 37, 38). Cuvier used it to colour the plates for his memoir on these animals. In Punjab, it is used for making crisp certain types of biscuits.

CUTTLE-BONE IN AYURVEDA

"The bone of the cuttle fish (Sepiostaire) is called *Samudra-phena* in Ayurveda. Its synonyms e. g. *abdhi-kapha arnavaja-mala*, *hindira*, *abdhi-hindira* etc. are given by Sanskrit Lexicographers (See *Sabdakalpadruma*, s. v. *samudra-phena*). It is used as a remedial agent in the Ayurvedic system and described as antacid, astringent and local sedative. It was used for various diseases of the eye in ancient times. Susruta recommends its use in the treatment of ophthalmia caused by deranged bile and and blood (*Susruta-Samhita*, Uttara-sthana, Chs. X, XII. XVI), in the treatment of blepharitis and suppuration of eye-lids, and as an ingredient of collyrium for improving the eye sight (*ibid.*, Chs. XVII, XVIII). It is prescribed also by Charaka. Cuttle-bone was used in the composition of the collyrium stick known as the *sukhavati-varti* and the *drikprasadani-varti* or the *dristiprada varti* or the 'sight-restorer' in the treatment of cataract (*Charaka-Samhita*, Chikitsa-sthana, Ch. XXVI). Susruta recommends its use in rubbing circular patches of leprosy before the application of ointment (Cikitsita-sthana, Ch. IX). It was commonly prescribed by later authors in the different diseases of ear, eye, throat and skin. It it easily pulverised and used as a dusting powder to relieve ear-ache. The scrapings of the bone are boiled in sesamum oil, and this medicated oil is employed for dropping into the ear in otorrhœa. A thin paste made of cuttle-bone and rock-salt in rose water is used as an eye-drop in conjunctivitis. Its paste made with lime juice is supposed to be efficacious in itches, and with rose water in prickly heat. Pulverised, it is an ingredient of tooth-powder. The juice of *mochika* (*Enhydra fluctuans* Lour) mixed with the powder of

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cuttle-bone is recommended for removing the unpleasant odour of sweat and is used in many skin diseases (*Vanaushadhi-Darpana*, 11, 363). Internally it is used as an appetiser and enters into the composition of many well known digestive salts, and further recommended in cases of obesity.

Rubbed into paste with water it is said to be efficacious as a palliative and absorbent in mumps, and other inflammatory conditions, aud is commonly used as domestic remedy in Bengal. In Europe, cuttle-bone was formerly used by apothecaries as an antacid.

Cuttle-fish bone was also used by the anient Romans. Paulus Egineta (vol. I. p. 418) writes that superficial scars on the eye (cicatrices, rebulæ) and deep-seated scars (leucomata) are cleansed by the application of the shell of the cuttle-fish (*sepia*) burnt and pounded finely with honey".

In the collection of animal remains discovered by Mr. N. C. Majumdar, M. A., in the course of preliminary excavations carried out by him at certain calcolithic sites in Sind, in the District of Larkana and Karachi during the Session 1930-31, cuttle-bones mostly in a fragmentary coudition, and a number of complete *sepia* have been found inside pottery-jars in the hillock Othmanjo-Buthi Kohistan, Karachi District. This find shows that cuttle-bone was used in India from prehistoric times.

The Siddha physicians of Agastya School in Deccan also use it :—

Collyrium for all kinds of eye Diseases.

Make a syrup of the following by boiling them together.

Cocoanut water (red variety)—4 pints.

Eclipta Erecta root ; *Amaranthus campestris* root ; Three Myrobalams, each—6 tolas.

Sandal wood, *Aplotaxis auriculata*, cloves, *Coscinum fenestratum*, cardamou seeds, liquorice root, cumen seeds, *Pinus deodara*, *Michelia champaca* flowers, bulbous root of lotus prunus, puduin, *Vitivera Ziznioides*, khus-khus root, each—18 tolas.

Bruise well and boil until a thick syrup is formed, strain and collect the syrup.

Take 10 grains of each of the following.—Coper sulphate, Os sepiae (cuttle-bone), antimony sulphide, *Thalictrum foliolosum* and alum.

And triturate with the syrup adding in quantities until the whole syrup is used up. Dry this mass in the shade.

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Finally add 2 grains of Panchakarpoor and triturate the dried mass with sufficient quantity of pure honey to form a soft paste.

Just touch the paste with finger and apply into the eye lids.

Useful in—Coujunctivitis, Iritis, Keratitis, Granular lids, Follicular conjunctivitis, Glaucoma, early Cataract, Blepharitis and all kinds of eye diseases (lids and eye ball), and also in opacity of the cornea or ulcer.

Dr. Ramamurthi Iyer.—*Gems of Sidha System* or *The Hand book of Indian Medicine*, PP. 427—9.

Thus we find that cuttle-bone was used in medicine in Northern and Southern India by Vaidyas (Ayurvedists and Siddhas) from time immemorial.

Here I must express my indebtedness to my father Dr. Girindra Nath Mukherjee, B. A., M. D., F. A. S. B., Bhisagacarya, Editor, *Journal of Ayurveda*, for his kind help in the preparation of these notes.

Sanskrit Texts.

सैन्धवं त्रिफला व्योष शङ्खनाभिः समुद्रजः ।
फेनं शैलेयकं सर्ज्जीवर्त्तिः श्लेष्माक्षिरोगनुत् ॥
प्रषुण्डरीकं यष्ट्याह्वं दार्व्वीकाष्टपलांशिकम् ।
जले पक्त्वा रसे पूते पुनः पक्वे रसे घने ॥
कर्पूरश्च श्वेतमरिचा द्रोणीपुष्पा नवोत्पलम् ।
चूर्णं क्षिप्ता कृता वर्त्तिः सर्व्वघ्नी दृष्टिप्रसादनी ॥

कतकस्य फलं शङ्खः सैन्धवं तूषणं सिता ।
फेनो रसाञ्जनं क्षौद्रं विड्ङ्गानि मनःशिला ॥
कुक्कुटाण्डकपालञ्च वर्त्तिरेषा व्यपोहति ।
तिमिरं पटलं काचं मलञ्चाशु सखावती ॥
त्रिफला कुक्कुटाण्डत्वक् कासीसमयसो रजः ।
नीलोत्पलं विड्ङ्गानि फेनञ्च सरितां पतेः ॥
आजेन पयसा पिष्ट्वा भावयेत् ताम्रभाजने ।
सप्तरात्रं स्थितं भूयः पिष्ट्वा क्षौद्रेण वर्त्तयेत् ।
एषा दृष्टिप्रदा वर्त्तिरन्धस्याभिन्नचक्षुषः ॥

इति दृष्टिप्रदा वर्त्तिः ॥

Caraka Samhita, Cikitsitasthana, Ch. xxvi.

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मुस्ताफेनः सागरस्योत्पलञ्च कृमिघ्नैलाधात्रीलोध्रजाद्रसञ्च ।
तालीशैलागैरिकोशीरशङ्खैरेवं युञ्जयादञ्जनं स्तन्यपिष्टैः ॥
चूर्णं कुर्य्यादञ्जनार्थे रसे वा स्तन्येपेतौ धात्रकीस्यन्दनाभ्यां ।
योषित्स्तन्यं शातकुम्भं विघृष्टं क्षौद्रोपेतं कैंशुकञ्चापि पुष्पम् ॥
रोध्रं द्राक्षां शर्करामुत्पलञ्च नार्य्याः क्षीरे यष्टिकाह्वं वचाञ्च ।
पिष्ट्वा क्षीरं वर्णकस्य त्वचं वा तोयोन्मिश्रे चन्दनोडुम्बरे च ॥
कार्य्यः फेनः सागरस्याञ्जनार्थे नारीस्तन्ये माक्षिके चापि घृष्टः ।
योषित्स्तन्ये स्थापितं यष्टिकात्वं रोध्रं द्राक्षां शर्करामुत्पलञ्च ॥

Susruta Samhita, Uttarasthana, Ch. x,

स्फटिकं विद्रुमं शङ्खो मधुकं मधु चैव हि ।
शङ्खक्षौद्रसितायुक्तं सामुद्रः फेण एव च ॥
द्वाविमौ विहितौ योगावञ्जनेऽर्ज्जुननाशनौ । *Ibid.* Ch. xii.

समुद्रफेनं लवणोत्तमञ्च शङ्खोऽथ मुद्गो मरिचञ्च शुक्लं ।
चूर्णाञ्जनं योज्यमथापि कण्डुमक्लिन्नवर्त्मान्युपहन्ति शीघ्रं ॥
प्रक्लिन्नवर्त्मन्यपि चैत एव योगाः प्रयोज्याश्च समोच्चदोषान् ।
सकज्जलं ताम्रघटे घृष्टं सर्पिर्युतं तुल्यकमञ्जनञ्च ॥ *Ibid.*

शङ्खं समुद्रफेनञ्च मण्डूकीञ्च समुद्रजां ॥
स्फटिकं कुरुविन्दञ्च प्रवालाश्मकान्तथा ।
वैदूर्य्योपलकं मुक्तामयस्ताम्ररजांसि च ॥
समभागानि सम्मिश्य सार्द्धं श्रोतोऽञ्जनेन तु ।
चूर्णाञ्जनं कारयित्वा भाजने मेषशृङ्गजे ॥
संस्थाप्योभयतः कालमञ्जयेत् सततं बुधः ।
अर्म्माणि पिड़कां हन्यात् शिराजालानि तेन वै ॥ *Ibid.* Ch. xv.

स्रोतोजं विद्रुमं फेनं सागरस्य मनःशिलाम् ॥
मरिचानि च तद्वर्त्तीः कारयेच्चापि पूर्ब्ववत् ।
दृष्टिस्थैर्य्यार्थमेतत्तु विदध्यादञ्जने हितम् ॥ *Ibid.* Ch. xvii.

जाङ्गलनां यकृन्मांसे लेखनद्रव्यसम्भृते: ।
क्षणालोहरजस्ताम्र शङ्खविद्रुमसिन्धुजैः ॥
समुद्रफेन कासीस स्रोतोज दधिमस्तुभिः ।
लेखनी वाकशतं तस्य परं धारणमुच्यते ॥ *Ibid,* Ch. xviii,

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समुद्रफेणशाकगोजीकाकोडुम्बरिकापत्रैर्वावष्टभ्यालेपयेत् * * *

Ibid, Chikitsitasthana, Ch. ix.

समुद्रफेनः फेनश्च हिण्डीरोब्धिकफस्तथा ॥

नेत्ररोगकफकण्ठामयारूचिकर्णरोगनाशित्वञ्च ।

Rajanighantu,

समुद्रफेन चक्षुष्यो लेखनः शीतलश्च ।

कषायो विषपित्तघ्न कर्णरूकफहृल्लघु ॥

Bhavaprakasa.

हिलमोचरसो युक्तश्चूनेरुदधिफेनजैः ।

प्रलेपेन हरत्याशु देहदौर्गन्धमुत्कटम् ॥

Ibid. Karsya Cikitsa.

Vanausadhidarpana, II, P. 363.

जाङ्गलानां यकृन्मांसैर्लेखनद्रव्यसंयुतैः ।

कृष्णलोहरजस्ताम्रशङ्ख विद्रूमसिन्धुजैः ॥

समुद्रफेनकाशीसस्रोतज दधिमस्तुभिः ।

लेखनो वाक्शतं धार्य्यस्तस्य तावद्विधारणम् ॥

Sarangadhara, P, 322.

समुद्रफेनसिन्धुत्थशङ्खदन्तार्कवल्कलैः ।

शिग्रुबीजयुतैर्व्वर्त्ति शुक्रादौ शस्त्रवल्लिखेत् ॥

Ibid. P. 325.

तुल्यमाक्षिकसिन्धूत्थासिताशङ्ख मनःशिला ।

गैरिको दधिफेनश्च मरिचं चेति चूर्णयेत् ॥

संयोज्य मधुना कुर्य्यादञ्जनार्थं रसक्रियाम् ।

वर्त्मरोगार्म्मतिमिरकाचशुक्रहरम्परम् ॥

Ibid. P 326.

रसाञ्जनं सर्ज्जरसो जातिपुष्पं मनःशिला ।

समुद्रफेनो लवणं गैरिकं मरिचानि च ॥

एतत् समांशं मधुना पिष्ट्वा प्रक्लिन्नवर्त्तनि ।

अञ्जनं क्लेदकण्डुघ्नं पक्षणाच्च प्ररोहणम् ॥

Ibid. P. 328.

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SYLLABUS OF A LECTURE ON AGRICULTURAL BOTANY

DELIVERED AT THE INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE.

By

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BHISAGACARYA.

Calcutta.

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It is supposed that the student has finished the preliminary course which covers the general theoretical part of the Science of Botany. This course aims at selecting some topics which the agricultural need of the country demands. These selected parts should be dwelt upon in detail to bring full information to the pupils. Experiments should be conducted to make them understand the practical side of Agricultural science. The practical part of the course should be undertaken in such a way as to clear up any difficulty that a pupil may have or the ingnorance prevailing in that part of the country about use of improved implements, selected seeds and commercial fertilizers such as nitrate of soda and to induce people to follow improved methods of cultivation as far as possible. We should make it a point that our experiments and teachings should convince even "gentlemen agriculturists" that, agriculture is as profitable or even more so than any other profession.

I. Soil:

1. Soil is the friable portion of the Earth's surface in which plants are grown.
2. Soil is made up of organic, or vegetable matter, and inorganic or mineral matter.

   The organic matter which is of vegetable or animal origin is called humus and gives the dark colour to the soil, which distinguishes it from the sub-soil. The inorganic or mineral part is composed of gravel, sand, clay and lime.

N. B. Show practically by sedimentation, in any convenient vessel these different constituents.

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3. The origin is the weathering or breaking up of rocks.

N. B. If possible bring a sample of weathered rock and show how it breaks up into soil.

4. A sub-soil is that part of the soil, lying immediately under the surface soil and is composed largely of inorganic matter formed from the breaking up of rocks.

5. Its function is to act as a source of supply of food materials to replace those removed by crops.

6. Air, Water.

7. Soils have been formed by the action of water, air and the growth of plants.

II. Improvement of Soil :

8. Cultivation is the treatment of soil, in order to make it more suitable for the growth of plants.

9. Plough, Harrow, Hoe and Beam or Ladder.

10. Its purpose is to break up, turn over and loosen the surface soil.

11. To break up lumps, level and compact the soil and to prepare the seed bed.

12. Its purpose is to destroy weeds and break up crusts.

13. Its purpose is to keep down weeds and intercultivate.

(*a*) by improving the method of yoking (Bombay).

(*b*) by an improved share to cultivate and turn soil and so bury the woods.

(*c*) by improved harrows for breaking the crust and destroying the woods.

N. B. Any local improvements should be suggested by the teacher. He will refer to improved implements being introduced in his area by the Agricultural Department, e. g. Meston plongh, handhoe, sugarcane crusting mills, etc.

III. Drainage :

15. (*a*) to remove excess of water.

(*b*) to permit air to move freely through the soil.

(*c*) to remove injurious substances from the soil.

(*d*) to increase the supply of moisture in the soil.

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16. (*a*) By digging open trenches.

(*b*) By making covered drains, such as stone or tile drains.

IV. Irrigation :

17. (1) to supplement any deficiency in rainfall.
(2) to dissolve and carry fertilizing marerials.

18. (*a*) by frequent and good cultivation so as to level the surface and break the crust.

(*b*) by ecomomical arrangement of channels and means of distribution, to allow water to flow slowly and soak into the roots of the plants.

(*c*) by not applying the water too frequently nor in greater amount, than is required for the growth of the plant, because then losses by evaporation are greatest.

(*d*) by not allowing the surface to become puddled.

(*e*) by maintaining the ridges in proper repair and avoiding wasteful leakage.

V. Fertility of soil :

19. Fertility of the soil is a combination of all the factors which enable the soil to produce good crops.

20. The principal factors are water, air, sunlight, temperature, soil bacteria, and available plant food.

21. (1) It dissolves, liberates and carries plant food.
(2) It is a necessary constituent of all plants.
(3) It keeps the soil and plant cool.
(4) I is necessary for germination.

22. (*a*) It sinks by its own weight, *i. e.*, gravity.
(*b*) It rises by capillarity.

23. It is that action by which water rises among the soil particles in the same way as oil rises up in the wick of a lamp.

24. It provides air for the plants, it helps in oxidation or rusting and causes the breaking up of soil particles or injurious compounds.

25. Sunlight evaporates soil water and destroys harmful organisms.

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26. (*a*) Changes in temperature help to break up the soil particles and so make plant food available.

(*b*) Sunlight encourages useful bacterial action.

27. Soil Bacteria help to cause decay and so break up organic matter present in the soil.

28. To produce healthy well nourished plants.

29. The principal plant foods are :—

(*a*) Nitrogen.
(*b*) Phosphoric acid.
(*c*) Potash.
(*d*) Lime.

30. We obtain Nitrogen from :—

(*a*) Farm Manure.
(*b*) Oil cakes.
(*c*) Fish manure and other organic manures.
(*d*) Nitrate of Soda.
(*e*) Ammonium salts.
(*f*) Nitrates
(*g*) Leguminous plants.

31. We obtain Phosphoric acid from :—

(1) Farm Manure.
(2) Fish Manure.
(3) Bones.
(4) Phosphatic Nodules and rock phosphates.
(5) Superphosphate.
(6) Basic Slag.

32. From :—

(1) Farm Manure.
(2) Potash salts, *e. g.*, Potash Sulphate, Nitrate of Potash etc.
(3) Wood and other ashes.

33. From :

(1) Limestone.
(2) Shell-lime.
(3) Gypsum.

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VI. *Plant Life* :

34. The principal organs are :—
(1) Leaf.
(2) Stem.
(3) Root.
(4) Reproductive organs.

35. (*a*) to get rid of water (transpiration).
(*b*) to collect food, *i.e.*, inhalation of CO_2.
(*c*) to manufacture food, *i.e.*, assimilation of CO_2 inhaled.
(*d*) to get rid of gases (*e.g.*, CO_2) when in the dark.

36. The functions are :—
(1) to carry the leaves, etc., and expose them to light and air.
(2) to act as receptacle for food.
(3) to act as a means of communication by which sap is carried up to the leaves and the elaborated juices of the plant are carried down for storage.

37. The functions of roots are :—
(1) to dissolve and then absorb the plant food from the soil.
(2) to fix the plant in the soil.
(3) to act as a storehouse of plant food.

38. The reproductive organs are the stamens or male organs and the style or female organ.

N. B. A typical flower is composed of :—
(1) Sepals which usually form the green outer ring.
(2) Petals which are the coloured leaves inside the sepals.
(3) Stamens are male organs, usually several in number.
(4) Style is single central female organ, which produces seed.

39. Seed consists of a young plant and the store of food for it during the time it is germinating and while it is unable to produce its own food. Eggs can be compared with the seed.

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40. Germination is a change which takes place in the seed, by means of which the young plant begins to grow, absorbs food stored alongside it and begins the development of its own stem and root, etc.

41. The necessary conditions for germination are :—
(1) Good healthy seed
(2) Air
(3) Warmth
(4) Moisture

VII. *Seed Selection* :

42. The points of good seed are that they shall be :—
(1) True to name.
(2) Well developed.
(3) Fresh.
(4) Free from disease or impurity.

43. (*a*) by immersing the seeds in water or brine. The good seeds will sink and the poor ones which float should be discarded.

(*b*) by spreading on a wet rag, flannel or banana leaf, a definite number of seeds, covering and allowing them to germinate; and then counting the number actually germinated and hence arriving at the percentage of good seeds.

44. (*a*) Seed selection can be conducted by :—
(1) hand picking.
(2) immersing in water or brine as above.
(3) growing from selected single plants.
(4) weighing and comparing weights of a difinite measure of the seeds.
(5) Winnowing off worm-eaten, light or badly developed seeds.

N. B. The above is the most reliable method and is being carried out successfully with wheat, paddy and Jute.

45. Fertilization is that union of male and female elements which results in the formation of fruit containing the seed.

46. Fertilizarion is effected by the agency of insects, wind, &c., which carry the pollen or male element to the style or female organ.

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47. When the pollen impregnates the style or female organ of the same flower, we call it self-fertilization.

48. When the style or female organ in a flower of one plant is impregnated by the pollen or the male elements of a flower of a different plant of the same variety, we call it cross-fertilization.

49. Hybridization is the term used when the pollen or male element of one variety of plants impregnates the style or female organ of another variety and produces seed.

50. The object is to enhance the good qualities already possessed by any variety of plants.

51. The object is to combine good qualities of two different varieties of plants of the same species. It should be pointed out that two varieties of paddy, or of jute, may be crossed but that for example paddy and jute would not cross because their characters are too widely different.

IX, *Classification of Plants.* (*Horticultural*)

52. Plants may be divided into three main classes :—
Annual
Biennial
Perennial.

53. Annual plants are such as have their roots living only for one year or such plants as complete their life cycle in one season *e.g.*, rice, wheat, tobacco and most agricultural crops grown for food or fodder.

54. Biennial plants are those which take two years to complete their life cycle or plants whose roots live for two years, *e.g.*, the carrot, turnip, cabbage, beetroot, etc.

55. Plants which live for more than two years are called perennials, e.g. most fruit trees.

B. N. All annuals are grown from seeds alone, whereas perennials are grown from roots as well as from seeds.

X. *Propagation of Plants* :

56. The principal ways are :—
(1) by seed
(2) by cuttings.

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(3) by roots or division of it.
(4) suckers (those are offshoots like those of pineapple or plantain).

57. When a piece of the plant is planted directly in to the earth, where it froms new roots and develops a new plant.

58. When a piece of one plant, usually a small shoot, is transferred to the stem of another plant and unites with it, this is called grafting.

59. When a bud from one plant is removed and inserted into the stem of another plant and induced to unite with it, this is called budding.

60. A piece of plant may be encouraged to form roots in its present site first, and then cut from the parent stem and planted elsewhere, as is frequently done with liches.

XI. Description of Manures :

61. Farm Manure is the solid and liquid excrement of cattle together with litter and remains of food and rubbish.

62. It supplies Nitrogen, Phosphoric acid, and Potash and as such it supplies everythiug required by the plant and is therefore a complete manure. The solid parts of the farm manure chiefly contain Phosphoric acid while Nitrogen and Potash are found in the greatest abundance in the liquid part.

63. (1) To store liquid and solid parts of farm manure in a covered pit and to prevent wasting by rain or other water, to absorb liquid by dry material such as straw, litter, etc.

(2) to keep the manure fairly compact and moist.

Return to Questions 157 to 175 in first years syllabus and again discuss Farm Manure fully.

64. Fish manure is the remains of dried fish, etc.

65. It usually contains 7—8% Nitrogen, 7—8% Phosphoric acid.

66. The usual forms are Dried fish, Milled fish, Fish guano. Of these the last is considered the most valuable, because the oil is removed and the manure is more concentrated. Fish manure is a quicker acting manure than farm manure ; but unlike the latter, is not a complete manure, due to lack of potash.

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67. Oil-cakes mainly contain Nitrogen. The composition varies from 2 to 8% of nitrogen. Oil-cakes are more quick acting than farm manure and about equal to fish manure.

68. Slaughter House waste, Night soil, sweepings, clippings of hides, etc.

69. (1) Sulphate of Ammonia, (2) Nitrolim.

70. In sulphate of ammonia 20%. In Nitrolim 18%.

71. Nitrate of Soda is a pure chemical manure supplying Nitrogen to the extent of 15 to 16%

N. B. Refer again to First Year's Syllabus, questions 178—181.

72. (1) Nitrate of Potash.
(2) Nitrate of Lime.

73. Nitrate of Potash supplies 10% and Nitrate of Lime supplies 12%.

74. This is variable and is usually 1 to 2%.

75. The nitrate manures as for, *e. g.*, Nitrate of Soda, contain nitrogen in the most available form.

76. It is present as ammonia.

77. It is present as organic nitrogen, *i. e.*, as forming a part of animal or vegetable compounds in them.

78. Plants require their nitrogen in the form of nitrates; *i. e.*, in the form in which they exist in nitrate of Soda, for example.

79. The nitrogen has, by the action of soil bacteria, to be transformed into the Nitrate form, and this takes time and inereases the risk of loss.

80. Nitrogen is a necessary ingredient in the composition of protoplasm, whieh is the active, living and growing part of all plants. The following short quotation clearly brings out the importance of Nitrogen in agriculture :—

"It is an element as necessary to the cultivated plant as sunshine and rain. It enters into the formation of roots, leaves, wood, and seed, and is at the same time an element of that organic substance, protein (albumin), the production of which is the principal object of agriculture."

(1) "No crop can flourish without obtaining nitrogen by its roots, *i. e.* without a supply of nitrogen from the soil."

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(2) "If the soil is not supplied with nitrogen, it cannot yield a crop at all satisfactory to the agriculturist ; therefore nitrogenous manure is an indispensable factor in rational agriculture".

(3) "The manure produced on the farm is in very few cases sufficient to supply the cultivated plant with the nitrogen it requires to produce crops securing *the highest possible clear profit*. The practical agriculturist must therefore have recourse to artificial manures."

81. The different forms in which phosphoric acid may be present, are :—

(*a*) Phosphoric acid which is soluble in water is immediately available, as in superphophate.

(*b*) Phosphoric acid which is soluble in weak acids, as in Basic Slag.

(*c*) Phophoric acid, which is neither soluble in water nor in weak acids, as in bones or rock phosphates.

N. B. Refer back to 1st year's Syllabus, Q. 33 and 57.

82. Water has the power of dissolving or transforming certain materials into a liquid form, when they are placed in it as, *e. g.* salt, sugar. Such materials are said to be soluble in water.

83. Citric acid occurring in lemons and limes ; tartaric acid occurring in tamarind. When acids, such as citric, nitric, etc. are mixed with water, the power of dissolving or converting solids into a liquid form is increased. This is exemplified in the use of tamarind for clearing household utensils, and the use of the lemon for removing of stains from cloths.

N. B. The action of an acid may be demonstrated by squeezing the juice of a lemon over limestone or slaked lime.

84. In Superphosphate most of the phosphoric acid is present as water-soluble phosphate of lime, *i. e.* it is in such a form that water will dissolve or melt it at once.

85. Phosphoric acid is present in these manures in the form of insoluble phosphate of lime.

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86. No, but that the bones must be broken up fine and then through the action of the acid and bacteria in the soil the phosphates in them will be converted into the soluble form and then can be used by plants.

87. In the form of weak-acid-soluble phosphate of lime.

88. 20 to 22% of Phosphoric acid.

89. Phosphoric acid in slag is 18 to 20%

90. Phosphoric acid in Superphosphate is 18 to 20%

91. The main functions of Phosphoric acid in plant growth are :—

(1) that it is the next most improtant plant food after Nitrogen.

(3) that it assists in developing the seed and fibre as well as the roots of the plants.

(3) that it encourages earlier maturity of plants.

N. B. Phosphoric acid without Nitrogen is of no use to the plant and *vice versa*, just as, bread or rice alone is of no use to human beings who require pulses or similar nitrogenous substances in addition.

92. The functions of potash in plant growth are :—

(1) it is one of the essential plant foods.

(2) it assists in the formation of seed and in improving the flavour of the fruit.

(3) it helps in the manufacture and distribution of other plant foods in the body of the plant.

N. B. Generally Indian soils are well provided with this element of plant food.

93. In manures we get potash as :—

(1) Muriate of Potash.

(2) Sulphate of Potash.

(3) Nitrate of potash.

(4) Carbonate and chloride of potash in wood and other ashes.

94. Lime is important in agriculture because :—

(1) it helps in encouraging decay.

(2) it replaces and liberates the plant foods.

(3) it neutralizes acid in the soils.

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(4) it binds minute particles of soil together and so helps in aerating the soil.

(5) Nitrogen brought to the soil by bacterial action or supplied in certain manures as *e. g.* Sulphate of Ammonia, combines with lime and forms nitrate of lime.

N. B. Refer again to Question 188 to 200 in the 1st year's Syllabus.

95. The manurial constituent that is likely to be most urgently required is Nitrogen.

96. Because while all plants remove Nitrogen, phosphoric acid and potash, the supplies of phosphoric acid and potash in the soil are being continually added to by the breaking down of the inorganic material of which that soil is composed, whereas Nitrogen is only available from manures supplied to the soil and in very minute quantity from the air. Consequently, the supply of this ingredient in the soil is likely to be first exhausted.

97. The crops will only grow while the supply of Nitrogen lasts, that is to say, no one of these ingredients can take the place of other ones. Each must be present in sufficient quantity if we are to have good, healthy and well nourished crops.

N. B. This inequality of supply of plant foods to crops is scientifically known as the Law of Minimum.

XII. Plant Diseases :

98. Yes they do, *e. g.* smut in wheat and jowar, Koleroga (in Mysore) in palms.

99. They are caused by fungus growths.

100. A fungus is a form of plant life which cannot prepare its own food as ordinary plants do but must have it ready prepared for it from plant or animal sources.

101. Smut in wheat and Jowar etc.

102. It is produced from a very minute seed (spore) which in a suitable situation and under suitable conditions of temperature and moisture starts to germinate and sends its roots (Mycelium) into the wheat or other plant on which it lives.

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103. It lives on the sap of the plant that would otherwise go to form the seed.

104. It weakens the plant, prevents it from forming seed and ultimately kills it.

105. It spreads by producing innumerable small seeds (spore) which get scattered among the healthy grains by various agencies, such as insects, wind, etc.

106. By the use of fungicides it may be prevented from spreading.

107, The main fungicides are:—
(*a*) Copper sulphate
(*b*) Kerosine emulsion
(*c*) Nicotine (tobacco water)

108. They may be both.

109. Bees, silkworms, are among the beneficial insects.

110. Among injurious insects may be mentioned Crickets, Beetles, Ants, Borers, Locusts.

111. Insects come from or are produced as children of other insects and they mostly resemble their parents.

112. They change from egg to caterpillar, pupa and lastly to adult.

113. (*a*) by planting those seeds only which are free from insects.
(*b*) planting varieties that are strong to withstand insect attack.
(*c*) by burning all the trees after cutting.

114. The spread of the paddy stem borer can be checked by light traps.

N. B. If the spread of any of these pests or blights is feared, immediate reference should be made to the local agricultural officer.

XIII. *Rotation of Crops.*

115. By rotation of crops is meant the growing alternately of different crops on the same for the purpose of economising plant food in that soil.

116. The advantages of rotation of crops are :—
(1) it tends to prevent the accumulation of injurious substances in the soil.

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(2). it cenables plants grown in rotation to procure food from different layers of the soil, because in rotation deep-rooted plants follow shallow-rooted ones and *vice versa.*

(3) it helps to prevent the spread of plant diseases.

117. No, for various reasons it may not be practicable and if rational manuring is followed it will not be necessary.

XIV. Co-operation :

118. Co-operation is the union of two or more people, who have similar interests with the object of promoting those interest more from the point of view of the whole lot rather than for the individual.

119. The main kind of co-operative societies are :—

(1) for promoting cheap credit.

(2) for sale of members' produce and purchase of their requirements, such as food, clothing, manure and seeds at advantageous prices.

120. Yes, by :—

(1) acquainting the members of various means of improving their respective occupations by publicity and propaganda work in general.

(2) suggesting means of putting in practice profitable co-operation in purchase and sale, such 2s the purchase of Nitrate of Soda and other manures, for application to sugarcane, cotton, wheat, jute &c.

N. B. The teacher should at this stage place clearly before his pupils and their relatives the schemes arranged by this Committee for purchasing manure on credit etc.

XVI. Live Stock :

Live stock may be improved by :—

(1) better feeding.

(2) breeding only from the best animals.

(3) importing breeding animals of superior strains.

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MATERIA MEDICA AND THERAPEUTICS.

(SIDHA).

JANAKA MAHAMUNY'S

(Brahmathandi Ennai.)

OLEUM ARGEMONE MEXICANA COMPOUND

BY

T. G. RAMAMURTHI IYER,

Avalpundurai, Erode, S. India.

——:o:——

Composition :—

Juice expressed from the entire plant (fresh and green) of Argemone Mexicana	...	...	80 Tolas.
Trigonella Fœnum Graccum	...	...	15 ,,
Cuminum Cyminum Seeds	...	...	15 ,,
Glycyrrhiza Radix	...	...	15 ,,
Castor oil	...	...	60 ,,

Pharmacy :

Bruise the hard ingredients, mix with the juice and oil, and boil gently until the sediments are free from water. Set aside, cool, and decant the oil. Preserve in bottle.

Dose :—

2 to 4 Fluid drachms, twice a day. To be swallowed alone, in empty stomach, for 5 to 10 days.

Diet :—

Allowed : Table rice, Goat's mutton, Cajanus Indicus (Pigeon Pea Dhall), Phaseolus mungo (green gram), Tender Brinjals, Common Snipe, Hibiscus Esculentus (Ladies finger), tender berries, Pepper powder, green leaves of Amaranthus Tristis, Cow's milk, Fried common salt and half burnt Tamarinds.

Avoid : All other articles of diet including Garlic and mustard.

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Therapeutics :—

A specific in all kinds of pains in the joints, especially the different varieties of arthritis caused by Rheumatism, Syphilis, or Gonorrhœa; Gleet, Leucorrhœa, Albuminurea, Stomatitis due to gastric troubles or of venereal origin.

The juice is alterative, anodyne, and hypnotic, used in dropsy and Jaundice ; as an alterative in Syphilis, Gonorrhœa, Leprosy and other cutaneous affections. (Nadkarni).

All diseases caused by excessive heat, Skin diseases, Stomatitis, Toxemia, and ulcers of the cornea, Syphilis, (Patharthaguna Chintamani).

A very useful preparation for the treatment of the above diseases and can be safely administered. Contains no poisonous ingredients and can be handled by any average physician without fear.

After administering the above oil for the required number of days, an oil bath is to be given once in 4 days for a month or two with the following oil.

Roots of Capparis Zeylanica ,, Indian Sarsaparilla ,, Aegle Marmelos Bark of Capparis Zeylanica Nardostachys Jatamansi	...	Each 6 Tolas.
Gingelly oil	...	40 Tolas.
Ammon Chloride ...	...	40 Grains.

Bruise the roots and barks, boil with the oil until the sediments become brown, set aside, cool, and decant the oil and finally add the powdered ammon chloride and store in bottle.

Annoint the head and body with the oil, give hot bath, wash with a paste made of Acacia concinna pods.

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Reports of Societies etc.

—:o:—

TRAFFIC IN WOMEN IN FAR EAST

Miserable Plight Of Helpless Victims

———

LEAGUE COMMISSION'S REPORT

The following are the findings of the Commission appointed by the League of Nations to enquire into the Traffic in Women and Children in the Far East :

Very few Oriental women are known to go to Western (occidental) countries for purposes of prostitution but there is a movement of Western women to the Orient for that purpose.

Within the group of Occidental victims of traffic in Asiatic countries the most serious problem, and one which is fraught with the danger of further development, concerns Russian women of the refugee class in Northern China and Manchuria.

The bulk of the traffic with which this report is concerned is traffic in Asiatic women from one country of Asia to another. The largest numbers are women of Chinese race, then those of Japanese nationality followed in much smaller numbers by Malya, Annamite, Siamese Filipino, Indian, Iraqi, Persians and Syrians.

With certain exceptions, to be found in the Mediterranean Near East where conditions of prostitution more nearly approach those of Europe, prostitutes going to foreign countries do so exclusively in search of clients among their own countrymen abroad. Japanese women are taken to be offered to men of their own race, prostitutes from China are sent to centres of Chinese immigration in the South Seas, and so on.

Though many cases of cruelty to Asiatic prostitutes by brothelkeepers have come to the notice of the Commission and the living conditions are sometimes exceedingly bad, yet in the Middle and Far East there is a noticeable absence such as is often displayed in Occidental countries.

The demand for European and American prostitutes is decreasing partly in consequence of better opportunities for family life for Westerners in the East and the change in social atmosphere following the increase in marriages. A second reason, where this influence is not effective, is the tendency to replace the prostitutes from the Occident by an ever-increasing number of recruited women of mixed Asiatic and European blood.

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Where there are Occidental womem in the East, the majority are victims of the traffic, i. e, they have been brought in by procurers who make a business of supplying the licensed brothels. In countries such as Syria, where such a transaction is not illegal, the system of licensed brothels there provides strong incentives for the usual chain of middlemen such as touts, souteneurs and procurers, to promote business.

The cynical role of the Occidental souteneur and trafficker exploiting his victim in Oriental surroundings is illustrated by a former practice in Rangoon when brothels were allowed. The police discovered that men, who had brought European women to the town and placed them in brothels, themselves lived fn first class hotels, going every morning to collect the money earned by the women. The prohibition of brothels in Rangoon put an end to this trade.

Russian Women

"Owing to the Bolshevist revolution, many of the Russians residing in Manchuria have become exiles and have lost their normal source of income, while many of their compatriots have poured into China from Russian Siberia as refugees. Both impoverished residents and refugees very frequently being entirely destitute, it has been the fate of many of the young women amongst them to sink into prostitution. These unfortunate victims fall into two different categories. One is composed of women refugees who, in their flight, were stranded without means of subsistence, in remote parts of Manchuria, where in exchange for the expense of their maintenance they were made use of as prostitutes by local Chinese. The other consists of destitute Russian women of the Railway Zone of North Manchuaia, both refugees and impoverished residents in that part of the country, who to-day form the entire Occidental prostitution in the great international commercial centres of China"

Russian prostitution in the great centres of China, both the men and the wemen concerned being Occidentals, bears all the characteristics of European or American prostitution. It comprises every form from the lowest, the brothel, to the most discrete, veiled by such occupations as cabaret artists, restaurant waitresses, professional dancing partners or manicurist. Many of those in such occupations are educated Russian women exiles, some being the wives or daughters of Tsarist notabilites. In many cases they are treated with respect and are worthy of it, but it needs a strong character to resist the many grave temptations to stray from the path of strict respectability which beset a professional dancing partner or waitress in the great centres of Northern China.

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The demand for Russian women as prostitutes as well as professional entertainers in the large commercial centres of China proper is a strong incentive for traffickers to arrange for the transfer of such girls from Manchuria, especially Harbin, to Peiping, Tientsin, Chefoo, Tsingtao, Shanghai and Hangkow. The attraction which these places have in the imagination of Harbin girls make it very easy for traffickers to obtain control of their victims by persuasion and deceit. A girl whose one desire is to leave Harbin for those great centres where she hopes to find many opportunities of success will not examine too closely any offer which seems to provide an easy means of making the journey and it is only when she finds herself forced into a brothel or a dancing establishment of the class which amounts to the same thing that she realises the folly of her action. She will at that stage already be in debt for the cost of the journey and of the outfit she has procured to dress herself suitably for the fashionable situation she has been vaguely expecting to fill.

Helpless State

"She is helpless to protest, she is in a strange place, she can make no proposal for the repayment of money advanced, she sees no hope of finding the easy position which she imagined was to be hers for the seeking; moreover she has left to the agent all the arrangements regarding her papers of indentity and her permit to travel, without which no Russian can move about in China and these documents are in his possession. She is entirely ignorant concerning the measures she can take to oppose the demands of the trafficker and she feels that she can do nothing but submit.

"Dancing partners in the better class establishments are usually not victims of tarffickers. With the exception of these, however, all the Russian professional entertainers, as well as prostitutes, may be said to be under the management of traffickers to some extent, and must have recourse to them, especially when they wish to move from ene place to another."

"Effective action in the direction of finding openings in respectable employment for Russian refugee girls in China seems to be the only practical means of checking the activities of traffickers and of organisers of the employment of dancing girls; under the present circumstances, they find a too-ready field of operation among the young Russian women of the Far East."

It is evident that the root of this evil lies in the precarious economic situation of Russian refugees. The sincere efforts of the Chinese Government, of the Harbin administration and of voluntary organizations have not yet suceeded for the pitiful reaction which economic pressure now exercises on the fate of a great number of Russian women in China.

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Chinese Victims

Prostitutes of Chinese race are found in greater or fewer numbers in all territories of the Far Eeat south of China, in the Middle East and as far West as British India. New ideas and new legislation is tending to give girls a more nearly equal status with boys in China, but these factors have not yet produced much change in the spirit of the people. Old conceptions prevail and daughters are regarded as of little value or importance compared with sons. The female child is always at a disadvantage, and a girl's duty is to concur in any sacrifice necessary to the wellbeing to the family. Thus she may be sold or transferred to others in times of poverty. If she displays no special aptitude she may be re-sold by her buyer either into prostitution or for domestic service. Such girls, who are really slaves, my be cruelly treated, or on the other hand, may pe treated with affection by the woman who runs the brothel in which they are placed.

Many girls are "unconditionally" sold by their parents, under pressure of proverty. A girl so sold is a slave-girl, not even a Mui-Tsai, and it is a matter of chance what may happen to her.

Some girls are kidnapped by brigands and sold into prostitution in lieu of ransom.

Gangster at Work.

Then girls can be pawned to brothel-keepers in payment of family debt. By law, debts arising from such passing of girl into a brothel is not recognised. But custom is stronger at present than new legislation and all concerned—the person pawning the girl, the brothel-keeper, and the girl herself—consider that she is under obligation to serve until the original amount advanced has been repaid. Even this is often not sufficient and the keepers, like veritable slaveowners, will fix the cash redemption of the girl at the commercial value they choose to put upon her. Often the only possibility of freedom from the clutches of the brothel-keeper is to find a person who will buy her out for marriage.

An interesting but sinister fact noted by the Commission is that in China (and probably in most places) there is definite evidence of a brothel "racket" by gangsters or, in other words, that certain groups of men terrorise the brothel-keepers and the inmates and levy a private tax on both at so much a head. If the money is withheld life is made impossible for both the keeper and the women and they may be assaulted in the streets. They pay for so-called "protection from bad characters", but in actual fact for the privilege of not being molested by the very men to whom they have to pay.

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The singing-girls are professional entertainers who go from restaurant to restaurant to entertain wealthy men. They are usually accompanied by women who exploit them. If attractive, they may be very successful and become mistresses of rich men, but as they grow older may have to sink more and more into common prostitution. This applies also to those who may be less attractive and not find many patrons even in their youth. They are there to profit their exploiters and the profit must somehow be made.

Outside China.

Chinese emigration is mainly to the Asiatic countries of the South Seas. The Chinese play a very important part in the commerce of British Malayas as labourers, clerks, tradesmen, leaders of commerce and industry, etc. The profits of traffickers would be much less were it not for the better-off element among these migrants. They would not risk the expense of bringing in girls only for Chinese labourers. The girls are first offered to those who can pay ; when they have lost their freshness there is always the mass of labourers to whom they can be offered at cheap rates.

In British Malaya

"The policy pursued in British Malaya with regard to the problem of an incoming traffic in Chinese women may be divided into three periods. The first is the period up to 1927, during which brothels were allowed throughout Malaya, and Chinese girls were permitted to enter the ports of the Straits Settlements for the purpose of becoming inmates of those brothels ; the second period, from 1927 to 1930, during which brothels continued to be allowed, but no avowed prostitutes were permitted to enter the country, and the third period, beginning in 1930, since when brothels have not been allowed in the Straits Settlements and the Federated Malay States, nor have avowed prostitutes been admitted to the Peninsula. Brothels were still allowed at the time of the Commission's visit by the legislation of some of the Unfederated Malay States. As almost all Chinese going there, however, arrive via the ports of the Straits Settlements the restrictions imposed in those ports virtually prevent the arrival of new prostitutes from China in the Unfederated Malay States as well as the other ports of British Malaya.

"In 1926—that is before the entry of fresh prostitutes from China was stopped—there were over 2,200 prostitutes registered in 'known' brothels in Singapore. In the same year, 895 Chinese women had arrived in Singapore from China to become prostitutes in Malaya. On the promulgation of the Ordinance of 1930, by which the system of brothels was abolished, a certain proportion of the 'known' brothels was closed and the remainder were to be abolished gradually and systematically in

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such a way as while causing the least possible hardship to the inmates would bring about the desired result in the shortest time.

"The keepers of existing brothles now know that their establishments are doomed to be closed at any moment. Inmates who are unwilling victims realise under these circumstances that the power of the keepers has been shaken and that if they wish to get free of their influence they have the full support of the authorities. Official testimony given to the Commission in Singapore says, in that respect : 'One of the chief disadvantages of a system of known brothels was the fact that the position of the trafficker and keeper appeared to the prostitute to be legalised and she was unwilling to challenge one whom she regarded as a Government agent. Most of the girls are illiterate and quite unable to keep accounts and it was easy for the keepers to cheat them of their shares of their earnings. The keepers were also able to impose jewellery, furniture and various luxuries upon them at extortionate rates. The prostitutes thus became more and more deeply involved in debt to the keepers until they had no prospect but life-long slavery before them."

Rampant Traffic

"The systematic closing of brothels in the chief centres of the Straits Settlements—that is Singapore and Penang, has forced those who profited by the earnings of brothel prostitutes to seek other ways of exploiting girls. Small lodging-houses kept by Chinese and Japanese are now used to a great extent as houses of rendezvous for Chinese prostitutes. It was officially stated that in these lodging-houses 'from the manager to the boys (servants) all increase their income by trafficking in girls.'

In the Straits

"Another of the devices of traffickers to make up for the closing of the brothels consists in attempts to place Chinese girls, with the intention of exploiting them as clandestine prostitutes, as waitresses in coffee shops, of which a large number have sprung up in the two cities named. The authorities have counteracted these attempts by requiring persons employed in these places to apply for licences and subjecting each application to investigation.

"The closing of the brothels has increased street-soliciting by prostitutes. In Singapore and Penang, considering this as one of the inevitable features of a transitory stage in the systematic fight against traffic, the authorities deal leniently with offenders in this respect. The Chief of Police at Singapore declared that 'Until we have dealt more adequately with the people who are behind the women, we do not harass the Asiatic prostitutes too much.'

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"By the raiding of the brothels under the new Ordinance it has been possible to discover and arrest a great many of the Chinese gangsters who were employed by brothel-keepers to intimidate and terrorise inmates and also recalcitrant customers. In addition, the breaking up of the brothels has cut off a large amount of the funds of gangster organisations of this kind, called 'secret societies', and it has been stated that, since the closing of the brothels, there has been a remarkable decrease in the number of serious crimes, such as could formerly be attributed to gang warfare.

"On the other hand the number of runners or touts employed to solicit customers for clandestine prostitutes has considerably increased."

In Indo-China

There are licensed brothels here (Indo-China is under French government) but in Cholon none with Chinese inmates. The reason for this unusual feature in a city which is inhabited in majority by Chinese and fully bears the stamp of Chinese life is that the community pride of the Chinese there would not tolerate the presence of any compatriots engaged in menial or degrading occupations. The prostitutes are Annamites dressed in Chinese fashion. There are, however, some 800 Chinese singing-girls who play an important part in the night life of the wealthy Chinese community. If the life of such a singing-girl becomes notorious she has to leave the country ; she is an entertainer and must not descend to prostitution. The French police authorities in 1903 and again in 1912, proposed measures of registration for such girls for the purpose of submitting them to regular medical examination, but these proposals met with indignant protests from the Chinese community. They are now registered as "singing-girls" and pay a tax but are not examined.

Common prostitutes of Chinese race in Indo-China are only to be found in Haiphong where in 1931 there were 45 of them in licensed brothels.

Methods of Trafficking

Consequent on the closing of tolerated brothels in Singapore (and more recently in Hong-Kong) the activities of traffickers have been very considerably checked, but in these Colonies as also in the Dutch East Indies and the Philippines efforts are still made to bring Chinese girls in for purposes of exploitation. Strict measures are taken by the authorities and are increasingly successful, but so long as the houses were tolerated attempts to protect the girls from exploitation by procurers and brothel-keepers were a failure. Chinese girls of six to eight years were bought or kidnapped and brought to Singapore. They were coached to answer the questions of the Protectorate officials in a suitable way. At

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13 or 14 they were offered to wealthy men fore one or more nights. When a little older they would be placed in a brothel.

It seemed to be quite easy for Chinese traffickers to gain such an ascendency over their young and ignorant victims that the girls, when questioned, believed it to be in their own interest to deceive the officials. It is difficult to estimate how much this attitude was due to actual distrust of the officials and how much to fear of the traffickers' vengeance should they break down under questioning. The girl would invariably reply that she wanted to be a prostitute. An official of the Protectorate in Singapore told the Commission :—

"Our protection at the time of the registered brothels was an absolute failure. The girls would never confide in us. They always said they were willing."

Jap Victims

Before 1921 Japanese women were in brothels all over the Far East. But after the War, Japan was recognised as one of the great Powers and she rightly considered that the presence of many Japanese women of ill-fame in foreign countries "reflected on the prestige of Japan and adversely affected the sound development of Japanese interests abroad." The Japanese Government, therefore, invited its Consular representatives in the Far and Middle East to take steps designed to bring about, more or less gradually, the repatriation of Japanese prostitutes. They were not forcibly repatriated, the result was achieved by persuasion and by the refusal of licences. The repugnance of Japanese residents in China, for example, to the spectacle of Japanese women offering themselves to men of other races has prevented a recrudescence. In so far as they are present in other countries, it is solely as prostitutes to men of their own race.

International traffic in Japanese women (i. e., outside Japanese territory) may be regarded as confined to traffic to China as a country of destination. The Japanese authorities deal with prostitution by a system of licensed houses and medical examination and this system is maintained outside Japan in territory under Japanese occupation or government. A law passed in 1900 enables any inmate of a brothel to have her name struck off from the list of licensed prostitutes immediately on application to the police of district. As in China, girls cannot by law be held in brothels for debt. In actual fact and by custom they are so held. The authorities try to protect these girls and they are free to have their names struck off the register irrespective of any debt owing to the keepers. But in practice, a consultation may take place between the parties and, as in many cases, the girl has entered the brothel to obtain money for parents or relatives, an appeal to her filial devotion during such consultation is said often to result in her return to the brothel under some compromise in regard to the debt.

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A Social System

"Japanese society is well aware of the unselfish motives which in many cases prompt girls to take up a life of prostitution, and the attitude towards prostitutes personally is influenced in their favour by this consideration. Amongst the Japanese, both in China and in the mother country, public opinion is more and more concerned with the social aspect of recourse by parents to such filial sacrifice and, indeed, the social danger of the system of licensed brothels in general."

The geisha used to be an integral part of Japanese social life. She represented the element of female entertainment which the comparative seclusion and austere education of the Japanese caused to be lacking in social gatherings. The cafe waitress has now largely taken the place of geisha. In neither occupation is moral looseness inherent, but there is considerable pressure upon these girls leading to immoral acts.

The system of licensed brothels brings in its train a well organised system of recruitment of women as inmates. The agents who procure these inmates need not make use of illegal or secret methods. They are carrying on a legitimate business if not a savoury one.

"Since 1900, various agencies have endeavoured to provide assistance for prostitutes and geisha and to educate the public against the evils of the present system. In 1899, there were 52,274 licensed prostitutes. In the year following the publication of the law providing for the liberation of prostitutes who wished to be free, the number had fallen to 50,195. By 1930, the number of licensed prostitutes again exceeded 50,000, This approaches to the figure of 1899."

7,000 Souls Saved

The Salvation Army, which has 150 branches in different parts of Japan, has been instrumental in securing the release of more than 7,000 prostitutes."

"Nine Prefectures in Japan have abolished the licensed houses, including the Kanagawa prefecture...a strong and growing official opinion exists among certain influential men which may be summarised in the words of the Governor of Kangawa Prefecture, in which is located the city of Yokohama. The general policy of the nation and the Japanese Government shows marked progress for the abolition of licensed prostitution in the country and. of course as a prefectural Government, we follow the same policy."

"When asked what were the reasons which governed the Assembly in passing. the resolution for abolition in the Kanagawa prefecture, the Governor replied :- "First licensed prostitution is opposed to humanitariau ideas and the recognised standard of morality in the world ;

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secondly, to uphold the honour and prestige of the nation, the existence of such an institution cannot be tolerated ; and, thirdly, its existence cannot be tolerated from a social point of view."

"Traffic in women and children out of the Japanese Empire, formerly considerable, is now extremely small, except in the case of China, including the Kwantung Leased Territory."

"This is due to the policy of the Japanese Government, which has been directed to preventing the emigration of women and girls engaged in prostitution or in trade likely to lead to an immoral life. The application of this policy is rendered more difficult as regards China, due to the fact that passports are not required of Japanese subjects entering that country."

"The reason for the traffic to China would appear to be the presence in the various treaty ports and the cities of Manchuria of large numbers of Japanese men."

"...In the great seaports or India and the South Seas, where formerly a truly international traffic in Japanese women existed, the energetic measures introduced by the Japanese Consuls and residents of such places, as well as the collaboration afforded to them by the local authorities, constitute so efficient a barrier that, not only has open traffic in women of Japanese nationality to these places been abandoned but it may be supposed also that attempts to smuggle them in for purposes of clandestine prostitution will ultimately cease to be profitable."

"In Japan, as in everywhere in the world, conditions of poverty and ignorance provide the field in which the trafficker finds his harvest. The majority of Japan prostitutes are drawn from the families of poor and ignorant agricultural workers. The willingness of these recruits to enter the life of prostitution and the acquiescence of their parents or guardians are own by highly coloured pictures of a gay and easy existence. The further away the place of destination the more enticing is the picture that can be drawn by the unscrupulous traffickers.

Indians Excepted

Filipino.

There seems to be no international traffic in Filipino women. There is clandestine prostitution, and dancers are in the same dangerous moral position as the singing-girls and the geisha of China and Japan. The American consular authorities ensure, as far as possible, protection of the girls from exploitation.

Siamese.

Siamese prostitutes were known to be the inmates of brothels in Singapore before these houses were closed in 1930. The Commission

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found little evidence of international traffic at the present time ; it is believed the women now mostly operate independently and only rarely are in the hands of traffickers.

Indian.

Outside India, the commission has found Indian prostitutes only in one of the territories visited—namely in British Malaya. And even there the numbers were so small that it may fairly be stated that, generally speaking, Indian women are not victims of international traffic.

As regards special legislation and application of laws in the various regions of British India, the policies of the different Administrations vary to a certain degree. In some parts, as in Burma and the Bombay Presidency, brothel-keeping is a legal offence, in others brothel-keeping is allowed if it is not carried on in certain specified places or to the annoyance of neighbours.

It appears from the information gathered by Commission that there is a limited movement of foreign prostitutes from various countries to British India and that this movement is, to a great extent, influenced by brothel-keepers and traffickers.

The Bombay police were of opinion that the closing of brothels in that town had very effectively reduced foreign prostitution there.

Persian.

Persian women are rarely found as prostitutes outside their own country, except in Iraq and British India. In Iraq many have attained Iraqi nationality by marriage to avoid deportation. Before the War, a regular movement of Persian women to Mesopotamia was said to exist. Some 300 were repatriated after the War and the Persian Consul believed these to have been victims of the traffic.

In The Near East

Prostitution in Arab countries is particularly looked down upon. An Arab woman who takes to prostitution incurs the danger that a male relative may consider it his duty to his family honour to kill her. Prostitutes, therefore, are mostly rocruited from women without family, i. e., orphans and those outcasts of slum life in cities who have nobody's vengeance to fear for loss of family honour.

In Palestine some 50 per cent. of the prostitutes are Syrians, Syria is a more urban country than Palestine and has a large number of such women who try to find an outlet across the frontier. Mahommedan women are not required to unveil for passport scrutiny and it is therefore easy to deceive the frontier officials between Syria and Palestine. It is extremely difficult for Syrian women to cross into Iraq because of the discomfort and danger of the Syrian desert which has to be transferred on the recongnised motor route across and passengers are easily controlled.

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THE MADRAS AYURVEDIC COLLEGE GRADUATES' ASSOCIATION.

Circular No. 4 Dated 20th October 1934.

APPEAL.

I appeal to all the graduates of the Madras Ayurvedic College to enroll themselves as members of the association immediately and to remit their subscription Rs. 2-0-0, and old members that paid only Re. 1-0-0 already to remit the balance of Re. 1-0-0 to the Secretary at once. The present strength of the association is 62 till today.

Further, I request you to kindly influence the Graduates of our college practising in your district or Taluk to become members of the association to strengthen our voice, on the question of 'A' class registration and indigenous medical matters.

And it is suggested to register the association under Association Act XXI of 1860 before February 1935, when The Central Board of Indian Medicine meets for registration work to represent our grievances or rights as registered body to the Government and to the President, Central Board of Indian Medicine, Kilpauk, Madras.

Therefore, I appeal to all the graduates and members of the Association to send not less than Rs. 5-0-0 as donation towards the registration of the association and to work on proper lines.

Hoping you will comply with my request and send the donation immediately to the Secretary.

THE MADRAS AYURVEDIC COLLEGE GRADUATES' ASSOCIATION.

INCOME AND EXPENDITURE.

	From 27-11-33 to 6-6-34		From 27-11-33 to 6-6-34		Remarks.
To Subscriptions	Rs. 22-0-0		Rs. 86-0-0	Rs. 21-12-6	
,, Donations	Nill		Rs. 16-0-0		
Postage		Rs. 9-12-3		13- 9-0	Members joined till 20-10-34 is 62 as per the following Districts.
Stationery		0- 9-0		18- 7-0	
Printing		19- 0-0			
Travelling		6- 0-0			
Grand Total	Rs. 22-0-0	Rs. 35- 5-3	Rs. 102-0-0	Rs. 35-12-6	62

Bellary—1, Cuddapah—1, Coimbatore—5, Chittor—1, Chengalput—1, East Godavari—6, Guntur—6, Ganjam—1, Kistna—4, Kurnool—1, Madura—1, Madras—5, Mahabunagar (Nizam Dominions)—1, Midnapur—1, Nellore—3, Ramnad—2, Salem—2, South Kanara—2, South Arcot—1, Qila Sheikhupura—1, Tanjore—1, Trichy—4, Tinnevelly—3, Vizagapatam—1, West Godavari—7.

KOTTAPATAM.
20—10—34

N. KESAVACHARLU,
(*Secretary*).

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THE JOURNAL OF AYURVEDA

Vol. XI.] December, 1934. [No. 6.

Laennec—The Inventor of the Stethoscope

Rene Theophile Hyacinthe Laennec, the inventor of the stethoscope, is recognized by medical historians as one of the greatest physicians of all time. He was a famed consultant, an expert diagnostician, and a profound student of pathology. The invention of the stethoscope was but one of his achievements. The major part of the science of modern physical diagnosis depends upon Laennec's interpretations of his auscultatory findings, and his book, after over a century, still stands out as a masterpiece of diagnostic acumen.

Laennec was born on February 17, 1781, at Quimper, an ancient port in the Department of Finstere, in the Kingdom of Brittany (now a part of France). The original house in which he was born has been torn down, and another building has been erected upon the site, and a memorial tablet was dedicated thereon in 1919,—the hundredth anniversary of the publication of his famous book upon ausculation.

Laennec, in describing his discovery of the stethoscope, wrote :

"In 1816, I was consulted by a young person who was laboring from the general symptoms of a diseased heart. In her case percussion and the application of the hand

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(*palpation*—Editor's note), were of little service because of a considerable degree of stoutness. The other method, that namely of listening to the sounds within the chest by the direct application of the ear to the chest wall, being rendered inadmissible by the age and sex of the patient. I happened to recollect a simple and well-known fact in acoustics and fancied it might be turned to some use on the present occasion. The fact I allude to is to the great distinctness with which we hear the scratch of a pin at one end of a piece of wood on applying our ear to the other.

"Immediately on the occurrence of this idea, I rolled a quire of paper into a kind of cylinder, and applied one end of it to the region of the heart, and other to my ear. I was not a little surprised and pleased to find that I could thereby perceive the action of the heart in a manner much more clear and distinct than I had ever been able to do by immediate application of the ear.

"From this moment I imagined that the circumstance might furnish means of enabling us to ascertain the character, not noly of the action of the heart, but of every species of sound probuced by the motion of the thoracic viscera, and consequently for the exploration of the respiration, the râle or rhoncus, and perhaps even the fluctuation of fluid extravasated in the pleura or pericardium. With this conviction, I forthwith commenced, at the Hospital Necker, a series of observations, which have been continued to the present time. The consequence is that I have been enabled to discover a set of new signs of dieases of the chest, for the most part certain, simple, and prominent, and calculated, perhaps, to render diagnosis of the diseases of the lungs, heart, and pleura as decided and circumstantial as the indications furnished the surgeon by the introduction of the finger or the sound in the complaints wherein these are used."

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As stated above, the first stethoscope was made of a roll of paper, and was a crude affair. Laennec continued to improve upon his original idea, and tried various materials. Gold-beaters' skin, inflated outside of a metal tube was found to admit extraneous sounds. Solid or denser woods were found to be less efficient than soft wood, like a piece of cane. He constructed, finally, out of one of the less dense woods, a tube 12 inches by $1\frac{1}{3}$ inches bored through, forming a tube two lines in breadth (a line is a unit of measure equivalent to $\frac{1}{12}$ inch), and hollowed out at the base to the depth of an inch and a half in a cone-like manner. For heart examinations, he inserted a cone-like piece into this concave area, and the former also drilled through to form a two-line-wide tube. He divided the tube into two parts for the sake of portability. Laennec's stethoscope was of the monaural variety, which is still used by some of our older internists.

In 1822 he was appointed physician to the Duchess of Berry. Private patients swarmed to him in such great numbers that Laennec was compelled to limit his practice to consultation, and after his health failed again, he left Paris permanently for his country estate. He married a life-long friend, Madame Argon, two years before his death, and died at his country estate at Kerlouarnec in 1847.

Laennec blazed the way for modern physical diagnosis, was the leading physician of his day, was justly famous during his life-time, and even today we may well marvel at the thoroughness and accuracy of his work. Whenever a physician applies his stethoscope, and locates a heart murmur or a shower of subcrepitant râles, he may well be thankful to Laennec for the latter's discovery of the stethoscope, and for his accurate description and interpretation of the physical signs found in chest auscultation.

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With the *modern* stethoscope both normal and abnormal heart sounds may be readily heard. In a vast majority of persons "functional" murmurs will be heard more often than true organic murmurs, the latter being due to organic changes in the heart valves.

The most common "functional" murmurs are the pulmonic systolic heard at the base and with greatest intensity in the second interspace to the left of the sternum and a systolic murmur maximal at the apex which is due to dilatation of the ring of the mitral valve. (Systolic murmurs maximal in the aortic area are never functional.)

Although much may be learned from the heart sounds one must not lose sight of the fact that "compensation" of the heart muscle is of greater clinical and prognostic import.

BRITISH QUALIFICATIONS FOR FOREIGN GRADUATES; NO GUARANTEE OF SETTLING IN PRACTICE.

At the last meeting of the Executive of the Glasgow and West of Scotland Branch of the Medical Practitioners' Union, the Vice-Chairman, Dr. D. M Cameron, drew attention to the unfairness and absurdity of foreign refugees being allowed to obtain qualifications with a view to starting practice in this country at a time when so many British practitioners are finding it so hard to earn an adequate competence from their professional labours. After discussion, the Secretary was instructed to communicate with Dr. Weply and to ask him to raise with the Home Office, the question of the admission to the United Kingdom of foreign students coming here to study in British Hospitals. Dr. Weply did so, and has now received a reply from the Minister of State to the effect that the views expressed in his letter have been noted, and will be borne in mind in connection with any applications which may be received from foreign persons who obtain a qualification in this country for permission to establish themslves in practice here. The official reply goes on to state that every foreigner admitted to this country for the purpose of medical study is warned that his admission for this purpose affords no guarantee that he can be allowed to settle in this country in practice when qualified. (*The Medical World—22nd December 1933—p. 430*).

(*Re-printed from the Bombay Medical Journal, February, 1934.*)

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Original Articles

DHANVANTARI II.

(5th Century A. D.)

By

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BHISAGACARYA.

Calcutta.

—:o:—

Dhanvatari II was a renowned physician in mediaeval India and was one of the nine gems in the Court of King Chandra Gupta II., surnamed Vikramaditya, who reigned in Malava from 380 to 414 A. D. Nothing is known for certain about this medical author. We can only infer that he must have been a great physician, otherwise he would not have found a place in the Assembly of nine wise men (*Navaratna Sabha*). There were many Dhanvantaris in India and the designation is still used as a title of honour by the physicians of India. We have references to a divine Dhanvantari who was physician of the Gods, in the *Harivamsa*, *Mahabharata*, *Visnu Purana*, *Bramhavaivarta Purana* and *Srimad Bhagavat*. We find the story of Dhanvantari who rose with a bottle of *Amrita* in hand from ocean when it was churned by the Devas and Asuras for nectar. Divodasa, the King of Benares, was surnamed Dhanvantari as he was thought to be the incarnation of the divine physician in this world. He was a Ksatriya prince according to Pauranic legends and is said to have taught Susruta the science of healing art. In the *Bhavisya Purana*, *Pratisarga Parva* we find another version of the story of Dhanvantari who became king of Benares, and composed *Kalpa Veda* (*Kalpa* = body reduced by disease, and *veda*-knowledge) and taught it to Susruta who abridged it in eight divisions (*Astanga*). The Vaidyas again trace their origin from a Dhanvantari from whom they derive their *gotra*. On another account he is described as a Brahmin, the son of sage Galava.

In the *History of Indian Medicine*, Vol II, PP. 328—30 we have given a list of books which are generally attributed to

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Dhanvantari, the king of Kasi; but in the list the names of some books appear which on careful examination are found to be comparatively modern compilations, espically, *Vidyaprakasha Chikitsa*, *Vaidyaka Bhaskarodaya*, *Cikitsasara Samgrha*, and Dhanvantari *Nighanta*. These books have been noticed under Dhanvantari, the teacher of Susruta; but the books seem to be the work of this author.

The *Raj Nighantu* is an elaborate work on Materia Medica. The author of the book is a physician named Dhanvantari, who is said to have adorned Vikrama's Court. But Pandit Madhusudan Gupta estimated the age of the work at 600 years. As both mercury and opium are mentioned in this treatise, it cannot be older. Besides the *Nighantu*, he wrote a treatise on medicine and another on incantations (Ward's *Hindoos*, P. 29).

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AMARA SIMHA

(6th. Century A. D.)

BY

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——o——

Amara Simha is said to be the son of Savara Svami by his Sudra wife,—

शूद्रायाममरः षड्डे व शवरस्वामि-द्विजस्यात्मजः ।

Savara Svami had another son Hari by his Vaisya wife,—

वैश्यायां हरिचन्द्र वैद्यतिलको जातश्च शङ्कुःक ऋतौ ।

It is mentioned in the *Jyotirvidabharana* that Amara Simha was one of the nine gems in the Court of the great King Vikramaditya.

शङ्कुः सुवाक् वररुचिर्म्मणिरं शुदत्तः ।
विषुवस्त्रिलोचनो हरिघटकर्पराख्यः ।
अनोऽपि सन्ति कवयोऽमरसिंहपुर्व्वाः ।
यस्यैव विक्रमनृपस्य सभासदोऽमी ॥

ज्योतिर्व्विदाभरणम् ।

In the *Bhojaprabandha* he is expressly named as one among the ornaments of the court of Raja Bhoja. Bhoja Raja is also known as Vikramaditya. In the poem called *Subhasitaratna sandoha* by the Jaina author Amitakati (1050 Vikrama era), Amara Simha is mentioned. But in the inscription at Buddha Gaya which is dated in the year 1005 of the era of Vikramaditya, mention is made of Amara Simha who is said to have erected the famous temple at Buddha-Gaya.

His religion.—He is said to have been Buddhist by religion. The *Sloka* at the beginning of his Dictionary distinctly offers the following salutation to Buddha,—

यस्य ज्ञानदयासिंन्धोरगाधस्यानघा गुणाः ।
सेवातामत्तयो धीरा स श्रिये चामृताय च ॥

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But some of the scholiasts interpret this sloka as referring to Siva. Buddha here is not distinctly named. It is said that the name was purposely omitted as Vikramaditya, a follower of Siva, might take offence by his partiality for Buddha. But this is untenable; for in the *Svargavarga*, he has named Sakya Simha before the names of Bramha, Visnu and Mahesvara.

Vararuci was one of the nine gems. Another poet was Hari, who became famous afterwards as Ghatakarpara and was one of the nine gems in the Court of Vikramaditya. He is author of *Nitisara*, full of *Yamaka* poetry.

It is said that Hari was very proud of his skill in writing *Yamaka* poems. He is said to have betted one day in the assembly that he would bring water in a jar for any poet who would show superior skill in writing *Yamaka* poems.

जीयेय येन कविना यमकैः परेण
तस्मै वहेयमुदकं घटकर्परेण ॥

Kalidasa, the great poet, wrote *Nalodaya* which was declared to be of superior merit than anything composed by Hari. Hence forward Hari became known as Ghatakarpara as he brought water in a jar in fulfilment of his promise to do so.

The text of the Amarakosha :

"This vocabulary, comprised in three books, is frequently cited under the title of *Trikanda*; sometimes under the denomination of *Abhidhana* (nouns), from its subject; often under that of *Umara Khosha*, from the name of the author. The commentators are indeed unanimous in ascribing it to Umara singha. He appears to have belonged to the sect of *Buddha*, (though this be denied by some of his scholiasts) and is reputed to have lived in the reign of VIKRAMADITYA; and he is expressly named among the ornaments of the Court of Raja Bhoja, one of the many princes to whom that title has been assigned. If this mention of him be accurate, he must have lived not more than eight hundred years ago; for a poem entitled *Subhashita ratana sandoha*, by a Jaina author named Amitakati, is dated in the year 1050 from the death of Vikramadity, and in the reign of Munja who was uncle and predecessor of Raja Bhoja. It, however, appears inconsistent with the inscription at *Buddhagaya* which is dated in the year 1005 of the era Vikramaditya, and in which mention is made of Umara Deva, probably the

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same with the author of the vocabulary. From the frequent instances of anachronism both in sacred and profane story as current among the *Hindus*, more confidence seems due to the inscription, than to any popular tales concerning Raja Bhoja; and the *Umara-Kosha* may be considered as at least nine hundred years old, and possibly more ancient.

"It is intimated in the author's own preface that the work was compiled from more ancient vocabularies: his cammentators instance the *Trikanda*, *Utpalini*, Rabhasa and Katyayana as furnishing information on the nouns; and Vyadi and Vararuchi on the genders. The last mentioned of these authors is a reputed contemporary with Vikramaditya and consequently with Umara Singha himself". Colebrooke's *Umura Kosha*, Preface.

In the *Amarakosa* (Bk. II. Ch. vi. Sec. II.) we find that the anatomical terms and the common diseases are mentioned.

Hoernle writes: "I am tempted to conclude the discussion about *Jatru* with a chronological inference suggested by it regarding the date of Amara Simha. He must be placed between Vaghbata the elder, on whose indentification of anisa with the peak of the shoulder his statement on the meaning of Jatru is based, and Chakrapanidatta, who quotes that statement. Itsing (*Records of Buddhist Religion*, by Takakusu, P. 128) mentions an epitome "lately" made by a physician, of the "eight books" of medical science, which in his time had become the standard text book throughout India. As the text book of Vagbhata the elder bears the title "Epitome of the Octropartrite Science, "(*Astanga Samgraha*), it can hardly be doubted that Itsing's statement refers to that work. As Itsing was in India from 673 to 695 A. D., and as a reasonable interval must be allowed for the spread of the "Epitome of the Eight Books" throughout India, we may take about 600 to 625 A. D. to be the date of Vagbhata the elder. Chakrapanidatta's date is about 1060 A. D. Between these two dates, accordingly, the composition of the *Amarakosa* should fall. Moreover, Bhattopala's explanation of *Jatru* as the collar bone presupposes a knowledge of the theory of the *Amarakosa* and his date is about 950 A. D.

Accordingly the date of the *Amarakosa* should be between 625 to 950 A. D." Those remarks will hold true even if we take Itsing's reference to point to Vaghbata II., as we have shown in our *History of Indian Medicine*, Vol. III. pp. 793-96.

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Commentaries of Amarakosa :—

1. Padacandika of Raja Mukuta or Vrhaspati surnamed Raja Mukuta Mani, 1353 Saka or A. D. 1431.
2. Ksirasvami's commentary.
3. *Vyakhhya Sudha* by Rama Sarma or Bhanu Diksita.
4. *Vyakhya Pradipa* by Achyuta Upadhyaya.
5. *Mugdhabodhini* by Bharat Malla.
6. *Sarasundari* by Mathuresa, the author of *Sahadaratnavali*, compiled under the patronage of a Mussulman Chieftain, Mureh'ha Khan, 1588 Saka or A. D. 1666.
7. *Padarthakaumudi* by Narayana Chackravarti.
8. *Trikandaviveka* by Ramanath Vidyavacaspati.
9. Nilkantha's commentary.
10. Ram Tarkavagisa's commentary.

There are other commentaries, a list of which will be found in the Preface to Colebrooke's Edition of Amarakosa. A metrical Dictionary of the Sanskrit Language, Amarakosha, with Thibetan version has been published in the *Bib. Ind.* in 1911.

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MANKA

(8th Century A. D.)

BY

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——:o:——

"In the reign of Harun-al-Rashid, we find not only that the medical treatises of the Hindus were valued by the Arabs, but that Hindu physicians actually lived at Harun-al-Rashid's Court. For this information we are indebted to the Arab author, Ibn Osaiba, whose biographies on the *Lives of Indian Physicians*, are quoted by Professor Dietz. Ibn Osaiba states that Manka was a Hindu, eminent in the art of medicine, and learned in Sanskrit literature. He made a journey from India to Iraca, cured the Khalif Harun-al-Rashid of an illness, and translated a work on poison by Charaka from Sanskrit into Persian."

Royle,—Antiquity of Hindu Medicine P. 64.

He was appointed a physician in charge of the Royal Hospital. A work on the medicinal plants of India was translated into Arabic by Manka. 'Flugel states on the authority of *Kitab-al-Fihrist* that Susrud (the Sanskrit name Susruta, thus corrupted into Arabic) was translated by Mankh.

Ray.—*Hist. Hindu Chemitry*, PP. LXIII--LXIV.)

References.—

1. Dietz.—*Analecta Medica.*
2. Wustenfeld.—*Gischocte der Arab. Aerzto.*
3. Cureton.—A collection of such passages relative to India as may occur in Arabic Writers.
4. Flugel.—"Zur Frage uber die altesten Uebers-et zungen indischer und persischer medinischer Werke in Arabische"; ziet. deut. morg. Ges. XI. PP. 148 and 325.

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SALEH.

(8th Century A. D.)

BY

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—:o:—

"Another native of India, named Saleh, is also celebrated by Ibn Osaiba. He was, he says, one of the most learned amongst learned Hindus, and greatly skilled in curing disease according to Indian modes He lived in Iraq during the reign of Harun-al-Rashid. He travelled to Egypt and Palestine, died, and was burried in Egypt."

Dietz—*Analecta medica*, P. 124. Leipzig. 1833.

Harun-al Rashid lived from 786—809 A. D.

It appears from Ibn Osaiba's testimony (from whose biographical work Deitz has given a long extract on the Lives of Indian Physicians), that a variety of treatises on Medical Science were translated from Sanskrit into Persian and Arabic, particularly the more important compilations of Charaka and Susruta, which are still held in estimation in India; and that Manka and Saleh, the former of whom translated a special treatise on Poison into Persian, even held apointments as Body-physician at the Court of Harun-al-Rashid. 'The fact of the translation of numerous works on medicine from Sanskrit into Arabic we have long known, from the list of those works given by Sir W. Ainsle at the end of his *Materia Medica*; but the age when these translations were made, we were unacquainted with. The nature of the works of Charaka and Susruta we had a glimpse of from Professor Wilson's translations; but the fact of Manka and Saleh being at the Court of Harun-al-Rashid is extremely curious as well as the later Greek physicians having had access to some Hindu work'—

Royle.—*Antiquity of Hindoo Medicine*, pp. 64, 65, foot-note.

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SURE WAY TO LIVE AFTER DEATH

BY

DR. ARTHUR MacDONALD, M. D.,

Washington, D. C.

—o—

Any author or investigator, who produces books and articles in his line of work, is to the extent he does this increasing the influence and length of his life after death. Seldom does one think in reading a book, whether its author be alive or not; he is living as far as the reader is concerned.

METHODS OF INCREASING INFLUENCE AND LENGTH OF LIFE AFTER DEATH

When an article is published in a journal and especially a technical one, its circulation is usually very limited. Moreover probably not half of the readers may look at his articles, so that practically it is almost buried at the very outset. The only way to avoid this, is to have separate reprints made of the articles, so that they can be rightly placed and sent to persons and certain journals that are interested; but of much more importance, these reprints should be sent to all large libraries where they can be made accessible to all readers, not only at the time in which articles appear, but for the future. In fact, it frequently happens, that articles in advance of their times receive more attention and have more influence long after the author is dead; so that he may have more influence than when he was alive. Some authors may have written an unpopular book which keeps the public from appreciating his more worthy works, if not even taken the least notice of them.

QUALITY OF AUTHOR'S WORKS NOT CONSIDERED

As to the quality of a work, that is for others to judge. But it is assumed that editors do not publish matter, unless they deem it valuable, especially editors of professional, scientific and technical journals. It is therefore only quantity or number of works and articles that come under consideration.

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WORKS WRITTEN BY GENIUSES NOT UNDER CONSIDERATION

Geniuses, like Plato, Aristotle, Socrates, Dante, Shakespear, Byron and Goethe, are called immortals ; for they are still living in their influence, which is probably much more now than in their own times ; their influence has certainly become much more extensive.

WORKS WITHOUT REGARD TO AUTHOR

It is especially professional, scientific and technical works which are presumed to be valuable in the opinion of the editors, that are to be considered. It is in scientific articles, that the personality is of little or no consequence ; of course an author with a high reputation in his line of work will receive attention ; but is it not his personality, but the quality of his work, which counts.

THE RECENT WRITER'S EXPERIENCE

The writer will give his somewhat extensive experience in carrying out the suggestions he has given, as he thinks it may be helpful to other writers and investigators in their professional and scientific lines.

WRITER'S METHODS

At the top of the first page of every manuscript, the writer puts these words : "The author desires allowed him 250 reprints of articles." Reprints when sent to libraries and card-catalogued, are a *permanent* high class advertisement of the journal publishing them. The importance of putting such request on the manuscript, calls it to the attention of the printer, who reminds the editor, who may have forgotten it.

The writer during forty years has sent reprints to all large libraries of the world, not only, but to many smaller ones ; also to specialists in the writer's general line, or in subjects very closely related and also to specialistic journals interested. Summing up the number of his reprints in both American and Foreign, Libraries he estimates as near as possible : In the United States 30,000 ; in Foreign countries 20,000. These fifty thousand reprints will be accessible long after the writer is dead. The writer's articles were mostly on Criminology, Psychology,

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medicine especially, and Anthropology. The writer never asks remuneration for his articles, which is the custom of scientists. But he is quite content to have the article published.

WRITER'S EXPERIENCE SHOULD ENCOURAGE OTHERS.

Let every author and investigator follow the suggestions given in this article; especially as to having reprints of all articles. Otherwise he may never get proper recognition, if no recognition at all. Any investigator, whose research is productive, whatever his difficulties may have been, can feel that life is worth living after all.

HONEY

(Mel Depuratum or Purified Honey.)

BY

DR. T. C. BASU CHOWDHURY, L.S.M.F.

Agra.

——:o:——

Honey is a substance which, I believe, every one knows and even laymen use it with much frequency. This substance is not so largely used by Allopathic practitioners as by Aynrvedic and Unani practitioners.

Honey is the saccharine substance obtained from the honey-comb of *Apis mellifica* and other species of bees. The saccharine matter is gathered by the bees from the nectaries of many species of flowers and is sucked into the crop, where it undergoes chemical changes, the cane-sugar or saccharose of the nectar being converted into "invert" sugar, a compound of dextrose and laevulose. According to certain chemists this conversion of cane sugar is complete leaving none in the prepared honey, while others contend that cane sugar is always present. This difference of opinion probably arises from the samples examined having been of different ages, as it seems likely that a certain amount of change may go on after deposition in the comb.

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SYNONYMS.—In Hindi, Bengali, Gujrati and Marhati it is known as *Madhu* ; in Punjabi and in Hindi also it is called *Shahad* or *Shahat* ; *Ten* or *Tene* in Tamil, Talegu and Malayalam ; in Arabic *Aaslumnahal* and in Persian *Shahad* and in Burman *Piya-ye*.

SOURCE AND COLLECTION.—Honey is a very plentiful wild product over the great portion of India, but is obtained also artificially from domesticated bees only in the hill of the Punjab and in certain districts of Burma. In certain provinces it is a source of revenue also. It was sold at Rs. 2-8 to Rs. 4-0 per maund ; of course now the rate has gone very high—Rs. 10 to Rs. 20 per maund.

Honey-men who perform their dangerous work of taking out honey out of combs with great dexterity are known by different names in different provinces. It is always effected during dark fortnight (कृष्ण पक्ष). Honey season is generally from January to March. April to June is a less important season. In February honey is very good rather excellent and fetches a high price. June honey is worst.

TRADE.—Honey trade is generally local but wax is exported.

PREPARATION.—Honey is sold either in the comb as "Comb Honey" or as "Run Honey" after extraction. This is ordinarily accomplished by cutting the covering of the cells, and allowing the honey to flow from the comb into a receptacle beneath or by some method of compression and straining ; with improved methods of bee-keeping which have of late greatly developed in Europe and America, it is possible by a simble adaptation of the principle of centrifugal force, to completely empty a comb in a few minutes without destroying the fine structures of the cells. The empty comb is then returned to the hive to be refilled.

According to Ayurveda there are eight kinds of honey *viz.*, Makshik "माक्षिक," Bhramar "भ्रामर," Kshaudra "क्षौद्र," Paundik "पौण्डिक," Chatra "छात्र," Aghrá, "आर्घ्य," Auddalak "औद्दालक" and Dal "दाल". All these varieties are not obtained in genuine form except Makshik honey (माक्षिक मधु) which we can get in abundance as well as pure. This honey is the best of all types. All the eight kinds of honey are generally not found in pure condition nor in time when one wants them so. माक्षिक मधु is

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commonly used by people and can be procured easily and at every place. From very old times Hindus are well acquainted with the use and therapeutic value of honey. It has various uses in food and in medicine. It is used for domestic, industrial and sacred purposes too.

FOOD.—Honey is highly appreciated by the natives of many parts of India as an article of food. There seems to be little doubt, however, that certain kinds of honey or honey collected from certain flowers is more or less poisonus. This fact has long been recognised in India, thus Ainslie writes of a dark peculiar greenish coloured kind which according to the Vytians cannot be eaten with impunity. Dr. Bidie gives an account of a small quantity of honey obtained from the jungles of Coorge having produced symptoms of urtication, headache, extreme nausea, prostration and intense thirst. Hooker in his Himalayan journal alludes to poisonous honey, mentioning that honey is much sought for in Eastern Nepal except in spring, when it is said to be poisoned by Rhododendron flowers just as that eaten by the soldiers in the "Retreat of Ten Thousands" was by the flowers of "Rhododendron Ponticum." Strettell also mentions that at certain seasons the honey obtained in Burma is poisonous. In the Punjab, Himalayan honey is principally used in the manufacture of an alcoholic liquor which the natives prepare by mixing one part of it with an equal quantity of water and leaving it to stand for a year in a closed earthen vessel. The resulting liqour is very potent, a cupful is said to be sufficient to produce intoxication.

DOMESTIC, INDUSTRIAL AND SACRED USES.—Honey is valued in India as an Antiseptic for the preservation of fruits and for making cakes, sweetmeats etc. which are required to keep for some length of time. A curious adaptation of this property is mentioned by Hooker as employed by the Khasias. He writes in describing their method of disposing of the dead. The body is burnt, though seldom during the rains from difficulty of obtaining fire, it is, therefooe, preserved in honey which is abundant and good, till the dry season. This practice is also common in some tribes of Malaya Peninsula. It was also used extensively in ancient times by Egyptians for the same purpose. Honey plays an important part in many of the ceremonial customs of the Hindus. It is regarded as one of the most sacred things and that

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is why it is used as one of the constituents in making **पंच गव्य** (Pancha gabya) which is employed in making oneself pure. It is given as respectful offering to a guest or a bride on his or her arrival at the door, mixing it with milk, curd or clarified butter. Honey sipping forms part of the marriage ceremony of certain castes and one of the purificating ceremonies is performed by placing a little honey in the mouth of a newly born male infant.

MEDICINAL USES.—Before going into details one must know what kind of honey should be used for medicinal purposes. According to our Hindu system of medicine one can use any kind of honey provided it is extra pure and of proper time. It should not be of the month of June.

Its therapeutic actions are **शीतल, लघु, स्वादू, रुक्ष, ग्राही, लेखन, दीपन, हृष्य, विशद, रोचक, ईषत्-कषायरस, योगवाही** and **अल्पवायुजनक.** Now considering all these actions we can safely say that it is delicious, light, and produces very nutritive action. Above all it has a wonderful action that as soon as it is taken it gets absorbed and reaches into the very cells of the body, it does not care for the absorption through the stomach. Now-a-days it is generally prescribed by practitioners of indigenous medicines as *Anupan*, that is, to be used with some other main medicines. Honey forms the basis of several very popular preparations and has long been an important vehicle for other medicines in the Hindu Meteria Medica. By Sanskrit writers new honey is considered to be demulcent and laxative, while when more than one year old it is said to be astringent and demulcent. Applied externally it is supposed to be a useful detergent. The *Koran* also in the chapter of bees contains the following: "There proceedeth from their bellies a liquor of various colours wherein is a medicine for man." In European medicines, however, it is employed only as a flavouring agent in cough mixtures, gargles, confections and in the preparations of oxymels and linctuses.

The following are some of its well-known uses in which it is very commonly used.

EXTERNALLY.—According to U. S. A. Dispensatory, it is sometimes employed as an application over foul ulcers. Hale-White says that it can be used as a covering over boils and excoriations. It is also used as a cosmetic.

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INTERNALLY.—Honey is demulcent, relieves dryness of the mouth and facilitates swallowing. Oxymel is a useful preparation. It is a common ingredient of cough mixtures. Honey is a mild laxative and may be given to children for this purpose (Hale White). In India amongst Hindus specially it is given to a new born babe, though he or she can suck milk but even then it is given only to produce heat and strength in the body of the child. It is nutrient and in large doses laxative and is, therefore, used to open the bowels of infants. Honey makes an excellent vehicle of castor oil and for administration to new born babes and infants (Materia Medica by R. D. Ghose).

It is very usefual for Eye diseases. People believe that only Lotus Honey is to be used, though really it is the medicine yet as it is scarce, rather it is not found pure so it is better to use ordinary extra pure honey for such purposes. It is very efficacious in trachoma, watering of the eyes, opacities, dimness of vision especially at night. By its constant use I know some people have left using glasses. It should at least be used thrice daily.

It is one of the best remedies for hoarse voice. It makes the sound melodious and sweet. If those who are in the habit of singing, take one to two drams of honey with a cup of hot milk an hour or half an hour before singing, then they can produce better voice and they will never suffer from any troubles provided they do not smoke.

Honey is very useful in cough and cold. It may be given with juice of Tulsi leaves. In this manner it is generally given to young children in Bengal and it has been found very useful for this purpose. It sometimes checks fever if it is taken before one begins to get it.

It cures pimples and prevents their growth. When pus is coming out of a small boil if pure honey is applied after cleansing it, it heals up very soon. Sometimes if it is painted with lime (lime used for whitewashing purpose) over mumps, enlarged glands and some other kinds of swelling or even unripe boils, it gives a good result without any untoward happening.

In old age if one ounce of honey is taken daily with hot water, it gives an extra strength and makes the old work very hard without any bad effect over his or her health. It is a nervine tonic too.

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It has already been said that honey enters very quickly into the cells of the body and gives food to them ; so in all kinds of emaciating diseases it may be administered with good results. In cases of Tuberculosis $\frac{1}{4}$ to $\frac{1}{2}$ ounce of honey daily with hot milk is useful. It can be given with other medicines such as Calcium Lactas. It improves the general health very soon.

After hard work or for fatigue instead of taking tea, if honey with hot milk or lukewarm water or simply water or in the form of syrup is taken it gives very refreshing results and removes exhaustion.

If one takes it daily it improves the appetite, sharpens the brain and makes one smart and very active. It also improves the colour of the body.

In cases of Stomatitis and other mouth troubles of children, honey with Borax may be applied with advantage. Late Rai Bahadur Dr. Chuni Lal Bose of Calcutta has written in his book on "Diet" that honey is the only substance which relieves habitual constipation if taken daily for a considerable period.

Honey is used in good many diseases. Any kind of honey may be used provided it is pure and non-poisonous. The best of all which we can get nowadays is honey produced by bees (*Apis Indica and Apis Mellifica*). It is of brownish colour and just like pure mustard oil. It may be used in Jaundice, Piles, Asthma, Cough and Cold, Tuberculosis and in various other diseases. It will not be an exaggeration if it is said that amongst Hindus at least from the very beginning of life to the very end this honey is used, that is, when the child is born honey is the first thing to be put into his mouth and when he dies honey is also put into his mouth before burning. So it has an extensive use throughout the whole life.

Recognised preparations :—

1. Mel. Boracis—used locally as alterative to diseased mucous surfaces.
2. Oxymel—expectorant—used as vehicle.
3. Oxymel Scillae—expectorant.
4. Oxymel Urgine—expectorant.
5. Confectio Peperis.
6. Honey with Bakasa and Kantikari—very useful for cough.
7. Throat paint (Honey with Borax or honey with Tannic acid) useful in cases of stomatitis and enlarged tonsils of children.

(*From I. M. J.*)

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Reports of Societies etc.

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MEDICAL REGISTRATION.

Appeal to A. M. A. C's.

It is learnt that the Graduates of the Madras Ayurvedic College have been recommended only "B" class. It is sheer injustice that they should be refused "A" class for the following reasons.

It was the Madras Ayurvedic College that practically demonstrated to the Government as well as the people about the scientific nature of the system at a time when Ayurveda was in oblivion and it was because of that College that the present Government Indian Medical School came into existence.

To refuse to grant "A" class to the Diploma holders of that College on the pretext that the records called for were not adequately furnished and that there was no sufficient proof that there were practical courses in Midwifery and Surgery is unjust. The students that studied in that institution came there with a zeal to learn the science and also learnt the same as well.

Further, to refuse to grant "A" class to the diploma holders of our college on the pretext that similar private institutions also would ask for it is not a sound reasoning. And "A" class in not reserved for the Graduates of the Indian Medical School only. Whichever institution that is eligible for it ought to be given.

In the case of the Madras Ayurvedic College, it is an institution that no longer exists. It worked for about 20 years before the Indian Medical School came into existence and produced some of the ablest Ayurvedic practitioners of the Presidency, some of whom are among the staff of Indian Medical School. It was closed 3 or 4 years after the Indian Medical School was started.

Lastly, to pacify us that the distinction of "A" class and "B" class is only nominal is unsatisfactory. For it matters much specially to those that are employed in the Gov. and Local Boards. For, if by chance, the Dispensary in which they are working is closed, the "B" class medical officer is ousted and he is not eligible for re-appointment.

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Moreover, to group us with those that had been registered in "B" class without any training in any School or College (Non-Diplomaed and hereditary Vaidyas) is a matter for which we do not like to give our consent and it is disgraceful to enter the indigenous Medical register by the back door of simple 10 years practice which is mainly opened for the non-deplomaed and when there is the Royal road of our College diplomas.

Therefore, we request the President, Central Board of Indian Medicine, to reconsider his decision and give us our due.

Hence we urge our claims before the Central Board now and request them once more to consider them favourably and do justice.

Kottapatam.
20—10—34.

N. KESAVA CHARLU
Secretary,
The Madras Ayurvedic College
Graduates' Association.

PROCEEDINGS OF THE DISTRICT BRANCH OF THE A. I. M. L. ASSOCIATION

held at Muzaffar Nagar on 28-11-1934.

The following members were present :—

1. Dr. Shankardas, Jail and Police (President).
2. „ Babu Ram Gare, Pte. Medl. Practr. Treasurer.
3. „ Safi Muhammed Faruque „ „ Secretary.
4. „ Dwarka Pd. Johari, Mo., „ „ Jansath.
5. „ Budhi Ballabh Dimri „ „ Jelalabad.
6. Ramchandar Singh „ „ Budhana.

The following resolutions having been placed before the meeting were carried unanimously :—

1. That a compounder should be sanctioned for the Jail Dispensary and in case of Jail population falling below 100 the compounder in police hospital may be detailed to assist the M. O. at Jail.

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2. That the M.Os' coming from Moffasil dispensaries to attend the Sadar Hospital in accordance with the recent orders of the I. G. Civil Hospitals should not be deprived of the usual T. A. and S. A. which is admisible under the rules.

3. That the certificates granted by the Registered Pte. Medical Practitioners should be accepted without the necessity of Counter Signature by the District M. O., as more often than not, the treatment, accorded to such certificates by certain officers, apart from being humiliating, adversely affects the interests of such practitioners. In case of doubts as to the integrity of such certificates or for that matter any certificate it is ever open to Government to employ means at their disposal for the detection of crime and punishment of the offender.

4. It is further resolved that a copy of the above proceedings be sent to the following :—

1. Secretary Provincial Branch A. I. M. L. A., Aligarh.
2. Editor of the I. M. J., Calcutta.
3. Delegate of the Muzaffar Nagar branch of the A. I. M. L. A. for placing them before the A. I. Medical Conference.
4. Other Medical Journals of importance.

Dt. Muzaffar Nagar,
29-11-34.

S. M. FARUQUE,
Secretary.

THE NEW SCALES OF PAY OF MEDICAL OFFICERS IN LOCAL BODIES.

Status and Position of A. M. A. C.'s.

On behalf of the Madras Ayurvedic College Graduates Association, I, the Secretary of the Association, request to invite the kind attention of the Public and the authorities concerned to the injustice done in the G. O. No. 2403 P. H. dated 15-10-34 regarding the revised scales of pay fixed for A. class and B. class, Medical Officers of Indian Dispensaries of the District Boards

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and Municipalities. It comes to many as a bolt from the blue. No one expected Rs. 40/- would be their pay as B. class medical officers without any grade till the end of his life inspite of 4 years regular training with stipends from Local Boards, in Madras Ayurvedic College, the premier institution of the kind in the whole of India, Founded by the Late Vaidya Ratna, Pandit, D. Gopala Charlu.

Many of the Graduates of the Madras Ayurvedig College, who are now working as Medical Officers in Indian Dispensaries maintained by Local Bodies are already drawing salaries ranging from Rs. 60/- to over Rs. 150/- are badly affected by the G. O.

Further, it is understood, the registration of A. M. A.C.'s and A. K. A. C.'s was placed before the meeting of the Central Board of Indian medicine, held in September 1934 and decision of the Board will be Communicated to the parties concerned when the resolution of the Board is confirmed.

But, there are instances where certain Commissioners of municipalities and presidents of District Boards are issuing notices to A. M. A. C's who are in-charge of their dispensaries on the ground that they are eligible only under 'B' class.

There is no specified rule that names of A. M. A C.'s (Associates of the Madras Ayurvedic College) will be registered only in 'B' class under G. O. No. 231 P. H. dated 1-2-33.

I, therefore wish to protest against the unjust action on the part of certain Commissioners of Municipalities and Presidents of District Boards, in issuing one month's notices to some of the A. M. A. C.'s for accepting the new scale of 'B' class pay of Rs. 40/- or quit the service, while their question of registration in 'A' class or 'B' class is not finally settled and the Govt. are not pleased to mention anything about A. M. A. C.'s in the present G. O.

In this connection, I want to say something about the status and position of the graduates of the Madras Ayurvedic College, at this juncture once more, so that the public and authorities concerned may be well aware of the injustice.

The total number of these graduates is 163.

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The Graduates are now working in the country as principals of some Ayurvedic Colleges, Board of examiners to the Govt. I. M. School, Madras, appointed by the Govt. of Madras and employed as lecturers of Ayurveda in Govt. Schools or Colleges, medical officers under Local bodies, private dispensaries, own dispensaries and practising privately in London, Northern India, Southern India, Ceylon and Federated Malaya states.

Such being the case of Graduates of the Madras Ayurvedic College, I cannot understand what the basis was for fixing the meagre pay of Rs. 40/- for Graduates of the Madras Ayurvedic College by the President of the District Board, Kurnool in its meeting held on 30-7-34 (Copy of resolution enclosed).

Further, it is really a wonder to hear that the President, District Board, Kurnool and the President of the Central Board of Indian Medicine, Madras, could have been a party to this unjust decision of recommending this kind of meagre pay even for 'B' class.

Moreover, it is learnt that one of these Medical Officers working under Kurnool District Board had written to the Principal, Govt. Indian Medical School, that if he does not interfere into the matters, much dis-satisfaction will be felt among A. M. A. C's and Indian Medicine will not thrive properly.

Therefore, the Principal, as well as the President, Central Board of Indian Medicine knows very much better than the President, District Board, Kurnool, about the status and position of the Graduates of the Madras Ayurvedic College, especially regarding the work and service of the A. M. A. C's working under Local bodies.

In this connection, I want to say that as a matter of fact it is sheer injustice to group the qualified with unqualified and undiplomaed who had no training at all by simple submission of proof of 10 years practice.

We consider it an insult and disgrace for us to be grouped with them.

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I, therefore, in conclusion beg to draw the kind attention of the Hon'ble Minister and of sympathising M. L. C's to consider the above facts and redress grievances of poor A. M. A. C's and to revise their scale and to see their present pay is not affected in any way according to the G. O. No. 2403 P. H. Dated 15-10-34, and that justice may be done and confidence restored as promised by the President Central Board, at the time of our deputation on 2-7-34 that the present permanent A. M. A. C's working under Local Bodies would not be disturbed on any account and that there is no difference whatever between A and B Class.

Kottapatam,
28-11-34.

N. KESAVA CHARLU,
Secretary,
The Madras Ayurvedic College
Graduates Association.

Extract from minutes of proceedings passed by the Kurnool District Board at its meeting held at Kurnool, on 30th July 1930.

"Persons who have undergone a successful course of training in Indian Medicine in Dr. A. Laksmi Pathy's Madras Ayurvedic College, and who are eligible for registration under clause B. of rule 2 of the rules in G. O. No. 231 P. H. Dated 1-2-33. Rs. 40/- only.

Resolution No. 301.

(Sd.) B. P. SESHA REDDY,
President,
District Board, Kurnool.

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ALL-INDIA MEDICAL LICENTIATES' ASSOCIATION,

94, Girgaum Road, Bombay, 4.

—o—

TWO THESIS PRIZES.

(Open to members of the Assn. only)

SUBJECTS :—Antenatal Diseases, their care and treatment. (Dr. Joseph Benjamin's Thesis Prize of Rs. 35/- for the year 1934.)

Cerebro-spinal Fever :—For Dr. P. S. Ramachandrier's Thesis Prize of Rs. 25/- for the year 1934.

The period for receiving both these competitive Thesis Papers is extended to 31st. March 1935 and that the thesis papers be sent to Dr. Joseph Benjamin, President of the Gujrat Branch, A. I. M. L. Assn., Dalgarwada, Ahemdabad, so as to reach him on or before the 31st March 35. Thc Papers *should not exceed one Thousand Typed Lines.*

DR. N. R. KARANDIKAR'S THESIS PRIZE OF RS. 25/-

(Open to Members Only.)

SUBJECT :—"Paraplegia"

The period for receiving this competitive thesis prize is extended to 31st March 35, and that the thesis paper be sent to Dr. N. R. Karandikar, 56, Parel Village, Bomby No. 12. so as to reach him on or before the 31st March 35. The paper *should not exceed one thousand typed lines.*

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INDIA IN ART AND LITERATURE

BY LORD RONALDSHAY

India has a civilization reaching back into a very remote past ; and for its earliest beginnings, you would have to peer back down the centuries to a period 4,000 years or more ago. If you could do that, you might notice, standing on the high passes of the Hindu Kush Mountains and gazing down upon the sun-drenched plains of India, a caravan of men, the pioneers of a race born and brought up amid the rugged highlands of Central Asia. They were a fair-skinned race who called themselver Arya, or Noble ; a branch of the original stock from which we are ourselves descended ; and seeing the land, that it was good, they poured down into it, pushing before them, or subduing, the more primitive people whom they found already in possession. These newcomers were in the habit of offering sacrifices to their gods—personifications for the most part of the forces of Nature—and of chanting hymns in their honour at the performance of the sacrifice. Though they were, of course, quite unaware of it, they were thus laying the foundations of the future literature of India. Centuries rolled by, and the next important milestone along the road is to be found some-where about the year 1000 before Christ, when we find a collection of 1,028 of these ancient hymns definitely recognized under the name of the Rig-Veda, as the authoritative scriputres of the race.

Thereafter we have to take note of another and very important development From very early times the Indo-Aryan people displayed a tendency towards abstract speculation, and, as time went on, there were added to the Vedic hymns, works of a different kind, containing strange and abstruse speculations upon the nature of things, to which was given the name *Upanishat*, or books of secret knowledge. The literature of those days was not written, but was handed down by word of mouth from generation to generatiou. This entailed a tremendous strain upon the memory, and gave rise to a sort of oral shorthand which developed into a recognized type of literature called *Sutras*—strings of terse sentences in which everything was sacrificed to brevity and condensation. It is scarcely surprising in these circumstances that, as the centuries rolled by, the meaning of the *Sutras* should have become obscure, or that, when writing came into general use, a number of commentators should have arisen who composed elaborate works giving each his own interpretation of the *Sutras*, and, incidentally, becoming the founders of distinctive schools of philosophic thought. One of the best known of the commentators was the theologian Sankara who about the eighth century, A.D., expounded a

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philosophy of a high order having, in its main contention, much in common with the subjective idealism which many centuries later found so brilliant an exponent in the West in Bishop Berkeley.

Of course the philosophic thought of India did not flow down a single channel ; it broke up into important branches. And notable among the branches is the literature of the Buddhists whose founder, Sidhartha Gautama, known to the world as Buddha, broke away from the authority of the Priesthood about 500 years before the Christian era. But common to all the schools of Hindu philosophic thought is one outstanding belief—the belief, that is to say, that as a man sows, so shall he reap, if not in his present life, then in one of an infinite succession of lives that lie before him. For, coupled with this belief in the inexorable sequence of cause and effect, is an almost universal belief in the transmigration of souls. A great deal might be said on this subject, but I must now pass on to another type of indigenous composition of great antiquity which has played an important part in the literature af India, namely, the ballads sung by village bards.

The habit of recounting the deeds of Gods and heroes—of dramatizing history, so to speak—stretches back to pre-historic times and persists in the villages of India to the present day. And the vast collection of legend and folklore which has resulted from this practice may be said to be, in special measure, the contribution of the masses, as distinct from the intellectuals, to the literature of India. To the Priesthood, nevertheless, must be given the credit for collecting and editing much of the material which haa thus been provided and for presenting it the shape of two immense epics, the *Maha Bharata* and the *Ramayana*, which are to this day outstanding examples of this branch of Indian literature. They have been compared to the *Iliad* and the *Odyssey* of Homer, and they may be said to resemble them at least to this extent that the one is concerned with a great war for power between rival factions, while the other deals with the wanderings and adventures of a king. They are, however, of a bulk before which their Greek counterparts pale into comparative insignificance, the *Maha Bharata* alone being about eight times as long as the *Iliad* and the *Odyssey* combined ; while there is also interposed in it a famous dissertation of a religious and philosophical nature known as the *Bhagavad Gita*, which is at once one of the most remarkable and the most treasured of the Hindu sacred books.

About the time of the Norman conquest of Great Britain, India was the scene of a powerful invasion—that of the Mohammedans, who, like the Aryan immigrants 3,000 years before, poured down on to the plains of India through the mountain passes on the North-West, bringing with them a religion, a civilization and artistic standards, differing profoundly

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from those of the Hindu peoples. To the art, and particularly to the architecture of India, they have made a striking contribution; many of the outstanding buildings of the country, such as the Taj Mahal, the world-famed tomb at Agra, and the mosques and palaces of many other cities, being in the main attributable to their genius. To the pictorial art of India they have likewise made a notable contribution. The miniatures of the Moghul school of painting are admirable portraits, the accuracy of the likeness being assisted by strict attention on the part of the artist to minute and delicate detail. Realism, rather than idealism, is characteristic of Moghul art; the artist being concerned to reproduce faithfully what he saw, so that in any Moghul landscape painting, for example, the various trees appearing in it can readily be identified. But it is precisely in this respect that the art of the invaders differed from the indigenous art of the Hindus, outstanding features of which are an attractive mysticism and imagination. These latter characteristics are due to the outlook of the Indian artist; for just as the Indian philosopher dismissed the world of matter as an illusion, so did the Indian painter, or sculptor seek to represent the reality which he detected behind the appearance of a thing, rather than the appearance of the thing itself. When an Indian artist wishes to convey the idea of infinite power as an attribute of the deity, he paints a figure with an unnatural number of heads or arms. To the Europeans, to whom this mode of expression is unfamiliar, the result is apt to seem fantastic. Not so, however, to the Indian; for these conventional forms, which he employs for this particular purpose, are traditional, and are made use of in his literature as well as in his art. There is, for example, a passage in the *Bhagavad Gita* descriptive of a vision in which the hero of the battle is permitted, for a moment, to see God as He is. He thus describes him: "With mouths, eyes, arms, breasts multitudinous, I see Thee everywhere, unbounded Form.

This kind of idealism in Indian art can be very sttractive. Take, for example, the conventional image of Buddha, seated cross-legged in an attitude of meditation which is to be seen in all Buddhist countries. Judged by Western artistic standards, it suffers from many imperfections. The face is expressionless and the whole figure is devoid of anatomical detail. There is nothing to indicate that the original possessed either veins, muscles or bones, and from this point of view it might well be described as crude. Yet one realizes, as one gazes at it, that it is producing on one's mind the exact effect intended; for it inevitably suggests the idea of permanence in a world of flux, of divine peace in a universe of ceaseless and tumultuous unrest. And if you attempt to analyse the factors which go to create this impression, you will be driven to the conclusion that it is the very absence of detail that is chiefly

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responsible. There is nothing to divert the mind from the main idea suggested by the whole, namely, immobility. All is at rest. You see before you the embodimet of that ideal which, throughout the ages, India has sought with an almost passionate tenacity—release from all activity; that perfect peace that passeth all human understanding which the Buddhists call Nirvana, and the Hindus, Moksha—liberation from the evil of existence, in a word—salvation.

Islam is not the only civilization from without that has affected the development of Indian literature and art; and, in conclusion, I must refer briefly to the influence of another and more recent incursion—that of Great Britain. Until comparatively recent times the language of culture in India was Sanskrit, the old classical language of the Hindus, just as in England, up to the sixteenth century, the language of the cultured classes was Latin. It is, indeed, less than a hundred years since the Indian peoples—awakened from their apathy by impact from the virile civilization which flowed in upon them from the West—began to realize the literary possibilities of the languages of their daily life. In Bengal in particular was this the case. Here, as result of the labours of a band of Indian scholars, the Bengali language gradually succeeded in combining the grace and dignity of Sanskrit with the directness and vigour of English, and in becoming a live and artistic medium of expression. The result of this development was the appearance of a whole galaxy of modern Indian writers, including poets, dramatists and novelists. It may seem invidious to mention by name any one of the many who are already famous in the history of modern Indian literature. Yet among the pioneers of the nineteenth century the name of Bankim Chandra Chatterjee, the novelist, described by his admirers as the Walter Scott of India, stands out. While among living Indian writers the name of Rabindra Nath Tegore, winner of the Nobel prize for literature, at once occurs to one as a poet and writer of outstanding eminence whose command of English is so great that his works, brilliant though they are in their original language, lose liltle when uttered by him in the English tongue. Here, then, we have a new milestone on the long road of Indian literature and art—one which marks the beginning of an epoch, the possibilites of which may be dimly guessed at, even though, as yet, they cannot fully be foreseen.

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Health and Hygiene

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USE OF WATER AND ABUSE OF ALCOHOL

Water is an essential element to life and health. It normalizes bodily temperature. It gives the blood a proper consistency. It insures normal activity of the functional organism.

The entire surface of the body, the pores of the skin, the mucous membrane, and the lungs evaporate several pounds of water every day. One will usually weigh from one to three pounds lighter in the morning than he did on retiring the previous night. This much weight in water has evaporated during the night.

But there are all kinds of water. Pure water should have no flavour. But many people never have an opportunity to taste water in the fierce craving of long continued thirst.

On one occasion, after a day's tramp of over thirty miles without water, I had the opportunity to enjoy the taste of water. I never tasted anything before or since that was so delicious. For the moment it just seemed to be a taste of heaven—it was so divinely delectable. I think it took about two quarts to satisfy my thirst.

But few mental workers drink sufficient water. They become closely occupied with interesting activities and they begin to ignore the demands of thirst. In time, this becomes dulled and deadened, and finally disappears altogether.

Such people have to cultivate a taste for water. They should try to again acquire the normal desire for it. And this can be done by keeping water close at hand, drinking a few swallows at frequent intervals.

The amount of water needed depends on the temperature of the air, the amount and character of the food eaten, and to a certain extent upon the quality of condiments used. Liberal use of salt always increases thirst.

It is a good plan for mental workers to get into the habit of drinking from two to four glasses of water on arising in the morning. before eating. This supplied some of the loss which has taken place during sleep. It liquefies the blood and in some cases materially stimulates the glands which supply the digestive juices. One should try to take two or three glasses of water between each meal.

It is usually advantageous for almost any one to encourage the desire for water. It should be convenient, easily obtainable by everybody. This accessibility is especially important for growing children.

The much discussed question of whether one should drink at mealtimes can usually be determined by one's thirst. If you have a desire for liquid at mealtime it is better not to ignore it. If one is not

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in the habit of drinking between meals it is usually advantageous to drink during the meal.

The habit of moistening the food in the mouth with some liquid, thus eliminating the necessity for mastication, should be condemned. Mastication mixes the saliva with the food and digestion is carried on so much more satisfactorily. Drinking before going to bed at night is also commended.

The amount of water required by the physical organism depends to a great extent upon habit. But it is usually better to have too much than too little. And it is indeed important to see that the water is pure and contains no decayed vegetable or other injurious elements. Careful analysis will always furnish satisfactory protection.

The purest water perhaps is that distilled by nature, falling as rain. When this is collected and stored in clean vaults or wells it cannot be improved upon. There are many brands of drinking water on the market that can be commended, and are safe to drink, if one is doubtful as to the purity of the water supplied from ordinary sources.

The city water supply systems in nearly all large cities are well guarded against impurities. The health departments usually test the purity of the water at frequent intervals.

During summer, if you are not sure as to the quality of the water, it would be desirable to boil it or use some good bottled water.

Boiled water has an unpleasant, dead taste ; therefore, it should be aerated before drinking. Water can be aerated by pouring it from pitcher to pitcher, or by any means that may be adopted for stirring it thoroughly.

A considerably larger quantity of water is required during the summer than in the winter. In the summer one perspires very freely and a large quantity of water is thus evaporated from the surface of the body. This can only be replaced by drinking.

A large amount of impurities is eliminated from the body through the pores of the skin. Steam and Turkish baths and various other means of heating the body to induce free perspiration are usually beneficial. They help to clean the body of toxin and other foreign elements. However, when adopting such measures it is especially dasirable to drink freely of water as this materially increases the inclination to perspire.

Remember also that the free drinking of water will aid materially in warding off illness that are due to accumulation of toxins or poisons in the tissues. But do not drink large quantities of ice water. Cool water is more satisfying to the thirst and is recommended ; but the habit of drinking ice-cold water is emphatically condemned.

Eat when you are hungry, and drink when you are dry, is usually dependable advice, providing your appetite is normal.

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But if your occupation is such that you have ignored thirst for a long period you may find it necessary to mechanically regulate the amount of water you take, for a time at least, in order to enjoy that character of super-health essential to make life really worth while.

On the other hand, alcohol is a poison. If you drink enough of it in its pure state it means certain death. The more alcohol contained in a drink, the greater will be the injury that it wrought in the human organism through its use.

The alcoholic content of the drink stimulates the organs with which it comes in contact. The tissues recognize it as an enemy ; and the one purpose of the bodily functions is to rid the organism of this foreign element.

The taste for alcohol must be acquired. No one likes an alcoholic drink when he first takes it unless it is sweetened to destroy the alcoholic flavor. Therefore, it is not a natural but an acquired taste.

Insurance company statistics clearly prove that a hard drinker usually passes out at an early age, that a temperate drinker will live longer ; but even those who occassionally indulge in alcoholic stimulants die at a lower average age than a total abstainer.

Alcohol is inimical to life. It may preserve tissues, but it gradually destroys life.

It may appear to have a stimulating influence. It may seem to brighten your intellectual faculties. It sometimes makes one talkative ; but that is accomplished through the deadening of one's sense of reserve or modesty.

Whatever stimulating influence it may have is usually acquired at a cost to general vitality which is definitely indicated in the reaction that comes after a period of alcoholic indulgence.

The desire for alcoholic sitmulation is a gradual development. A temperate drinker may go on for years without noticing any effect from this habit. But his mental faculties and general vitality will ultimately lack the keen, vivid sensitiveness that he would have possessed without its use !'

The real reason for the continuance of the liquor traffic is the lack of health intelligence on the part of people everywhere. One who thoroughly understands the physical make-up of his body, who has acqired a definite amount of respect for its mysterious processes, could not possibly consume alcoholic beverages. He knows the nature of this stimulating concoction, and he has too much respect for his stomach to use it.

If you want to possess all your natural faculties, if you want to retain your powers of body and mind on to advanced age, alcoholic drinks of every kind should be barred out absolutely. They do not belong in the dietary of one who is seeking life's richest rewards and who wishes to live resplendently on to old age.

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HEALTH TALKS.

BY DR. G. L. DESHMUKH, L. C. P. S. & M. B. B. S.,

Bombay.

Look here on this picture and on this—*Shakespeare.*

1. Won't say fresh rice-water locally called "Pej." Forget the siege of "Lady smith," which could hold its own on account of "Pej."

1. Give barley water. Even mix it with milk for a child even before the ninth month when the secretion of pancreas starts first coming to the intestines and demanding starchy diet.

2. Won't say separated milk, kumyss, whey.

2. Order albumen water, eggs being allowed to vegetarians.

3. Won't tell to take tea, milk and sugar in diarrhœas that tannic acid, peptones and caseinogen tannate are not worth consideration,

3. Give tablets of albumen tannate.

4. Don't enjoin natural fresh glucose viz. cocoanut water. Let alone the springs here as well as sweet lime and pomegranate juices.

4 Order out hydrolysed starch, glucose water or Vichy Coutrex-ville, Carlsbad etc.

5. Why keep on well cooked fresh soft rice and milk.

5. Prescribe sago conjee-made starch granules or tapioca pulv. May add tapioca powder to infants' watered milk even before the ninth month as good fresh milk is not available and is not digested. Why not tell good tinned milk when town conditions don't allow keeping cows under strict supervision for fresh supply daily early.

6. Don't ask to curdle milk in aluminium pots night and morning and eat fresh curds with aluminium peptonates; bityrates, stearates, oleates deposits often noticed on sides of aluminium vessels holding whey, butter, milk.

6. Write out tablets of aluminium silicate etc.

7. Why use big cloth soaked in fresh ordinary well or tap-waters well-wrenched or wrung out of all water as wet compress on head in high fever.

7. Keep ice on head in an ice bag, send a man for it daily, even if living in an out of the way place.

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8. Use Paris garters of rubber as no metal touches the skin.

8. Interlocking "Zyph" shirts are easy to wear sewn ready and comfortable and probably cheap though perspiration on the chest turns it green and stains manubrium sterin area. It is negligible.

9. Eaudecologne on wet cloth allows transmission of heat from forehead to the air as it evaporates and acts better than mere cloth.

9. Put cologne water in little water in a cup. Soak a piece of cloth and keep it on forehead in fever. Won't cologne water evaporate more from the cup than from the forehead, why not sprinkle little on wet cloth and keep on forehead sprinkled side on to skin.

10. Always have a "Tulsee" or 'Sutya" plant in the entrance and in burning places or in grave yards

10. Nothing like Eucalyptus on kerchief.

11. Before man fonnd drugs for the lowering of the temperature of the body, body raised its temperature (thermogenesis—a reaction to foreign invasion by the germs) to fight and assert itself. Note : man also gets hot (adrenal flow) when angry or fighting ; so aim at getting rid of the invading bacilli, bacteria, cocci etc., in other words try to get rid of the excretion of the poisons, toxins in the body by excretory organs than merely using thermolytic drugs—Ayurvedic way of attack.

11. Why not control temperature and lower it by marvellous drugs even in cases of post injection reactions—anaphylactic conditions.

12. Milk scum is a natural cover produced by heating which should not be removed till milk under it is used up especially in case of child's milk. Milk is the only liquid which gets natural cover by heat.

13. Convulsion cures are to be employed just to control cerebral irritation ; as we have no measure of it, caution is essential.

13. Give massive doses of sedatives, hypnotics.

Imitation is good but real imitation is good. Europeans don't eat and drink anything at any time. They have fixed times. Tropical plant tea is preferable to temperate climate spirits. Tea in the morning is encouraging, fruits and juices (not mere essences in cold drinks) in the noon are refreshing coffee in evening and night is sedative and stimulating.

14. Tea or Coffee or "Bewda", "Masala" at any time is the order of the public life. Lebalone the dyed ice-balls and bandaged ices called ice-cream.

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